



The CMS Universal Foundation to Align Quality Measures: **What It Means for You**

July 14, 2023

We will begin shortly.



The CMS Universal Foundation to Align Quality Measures: **What It Means for You**

Aneesh Chopra, Co-Founder and President, CareJourney

Danielle Lloyd, SVP Private Market Innovations & Quality Initiatives, AHIP

Peggy O’Kane, President, NCQA

Michelle Schreiber, MD Deputy Director of Quality, Center for Clinical Standards and Quality, CMS

Eric Schneider, MD, M.Sc. EVP Quality Measurement and Research Group, NCQA

July 14, 2023



Peggy O’Kane

President

NCQA



The Universal Foundation

Aligning Quality Measures Across CMS

Michelle Schreiber, MD

Center for Medicare & Medicaid Services

Deputy Director of Quality, Center for Clinical Standards and Quality

Director, Quality Measurement and Value-based Incentives Group



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.

Mission and Vision of the CMS National Quality Strategy

Mission

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

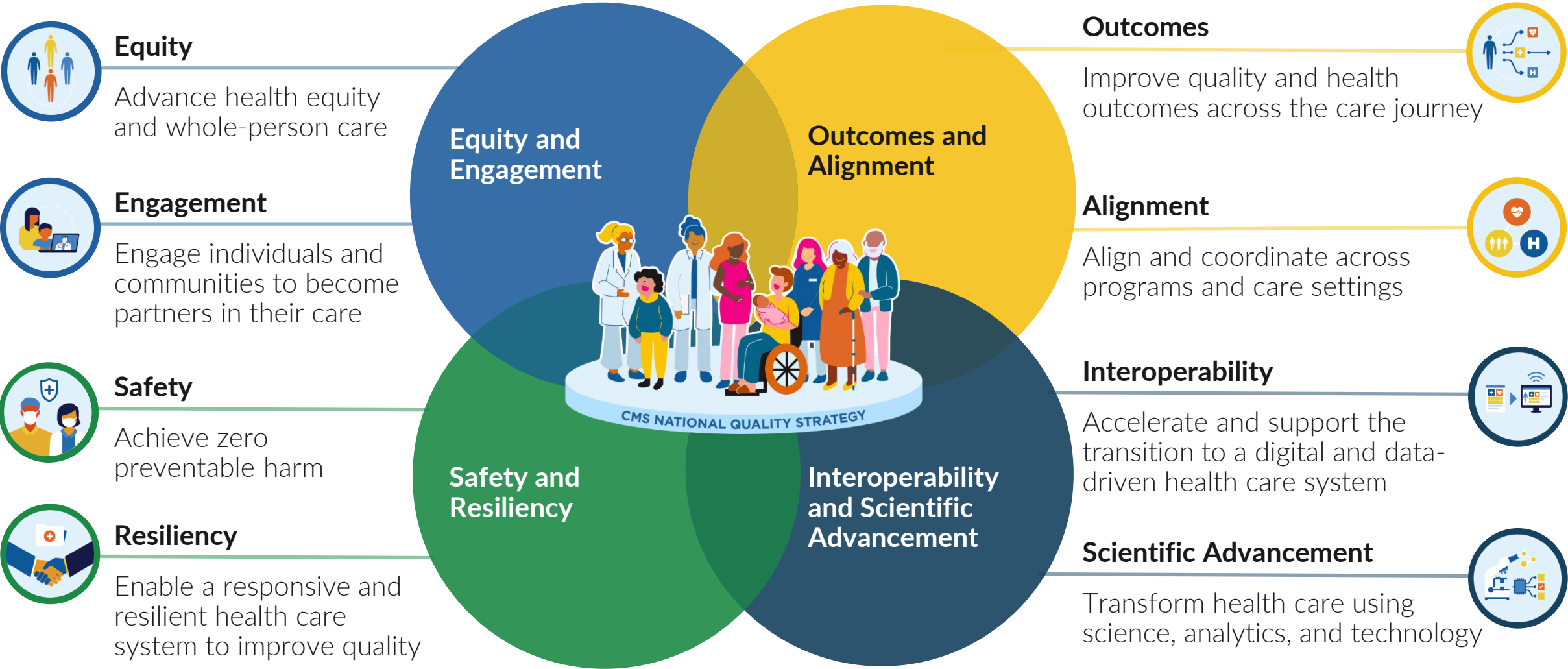
Vision

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all.



CMS National Quality Strategy Goals

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

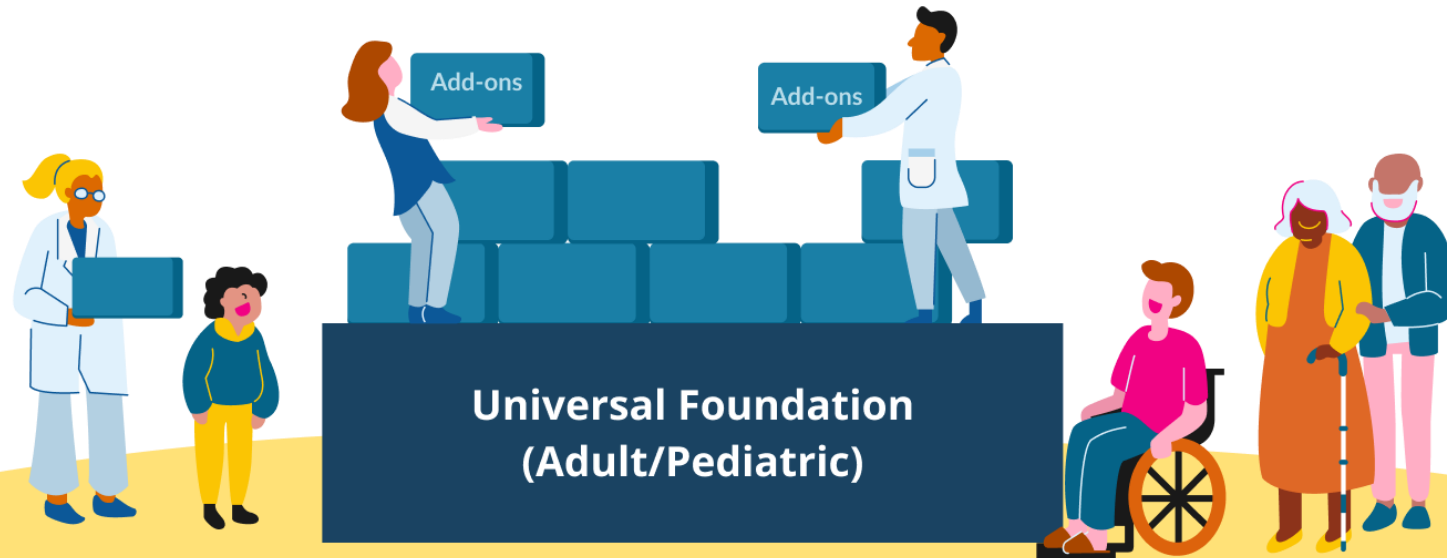


Overview

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](#)

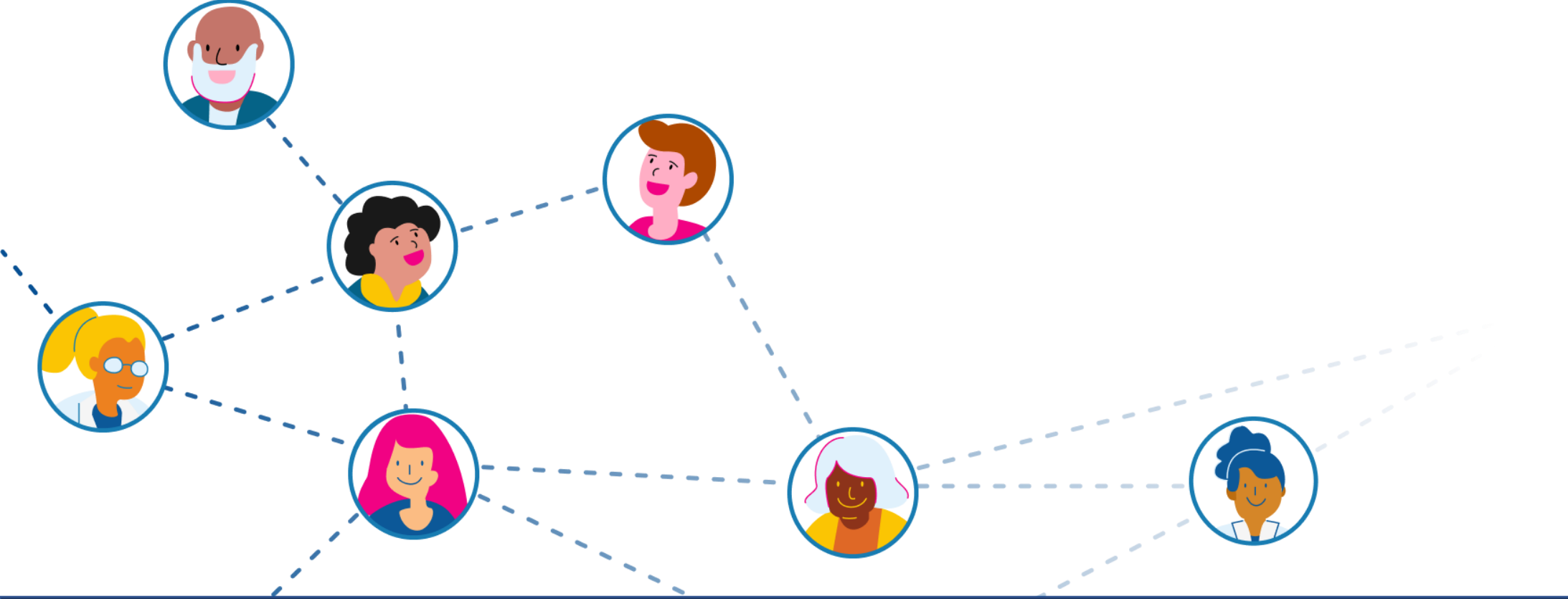
We need your input to succeed.

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!



Eric Schneider, MD, M.Sc.

EVP Quality Measurement and Research Group

NCQA

The background of the slide is a photograph. In the foreground on the left, the back of an older woman's head with short, curly grey hair and glasses is visible. In the center and right, a young Black woman with dark, curly hair is smiling broadly, holding a young Black baby. The baby is also smiling and wearing a light pink polka-dot onesie. The scene is brightly lit, suggesting an indoor setting with large windows.

The Future of HEDIS: Digital Alignment to Achieve High Quality Health Care

EVP Quality Measurement and Research Group
NCQA

July 2023



The NEW ENGLAND JOURNAL of MEDICINE

Perspective February 1, 2023
DOI: 10.1056/NEJMp2215539

Aligning Quality Measures across CMS — The Universal Foundation

Douglas B. Jacobs, M.D., M.P.H., Michelle Schreiber, M.D., Meena Seshamani, M.D., Ph.D., Daniel Tsai, B.A., Elizabeth Fowler, Ph.D., J.D., and Lee A. Fleisher, M.D.

The quality-measurement movement began more than 20 years ago and has resulted in transparent quality-performance information, accountability, and improvements. At the same

time, proliferation of quality measures has caused confusion, increased reporting burden, and misalignment of approaches for medical scenarios. The drive quality improvement and care transformation will catalyze efforts in this area. Since there is tension between measuring all important aspects of

zations. Each of these programs has its own set of quality measures; entities report on and are held accountable for their performance on various measures. Although some of these measures are consistent across our programs, many are not. Insurers often use the same quality measures as CMS (such as the Medicare Part C and D star ratings or plan level

70% of Preliminary Universal Foundation measures are HEDIS measures.

How can HEDIS help the Universal Foundation even more?

NCQA's HEDIS Origins: In an Analog Health System Focus on Health Insurers

The Good...

- Focus on health outcomes and processes of care for populations
- Claims data are relatively standardized
- Large enough samples for statistical comparison

The Bad...

- Claims data limit the number meaningful measures
- Quality of care varies significantly among delivery organizations and clinicians
- Important areas for quality improvement not addressed

The Ugly...

- Little incentive to improve clinical data systems for quality

Broad brush: Low resolution snapshots



Traditional Reporting Methods for HEDIS



Administrative Method: Transaction Data *Enrollment, Claims, Encounter*



Hybrid Method: Administrative + Sample *Manual Medical Record Review*



Survey Method *CAHPS[®], Medicare Health Outcomes Survey*

How Do We Get a Better Portrait of Quality?

Add Clinical Data

the finer brushes and colors needed to produce a higher resolution portrait of quality



NCQA recognized the need for a digital health data ecosystem long before the ecosystem emerged



Essential features:

1. Data elements for measures
2. Linkage between elements and individuals' records
3. Standardized data definitions
4. Automated ("computable")
5. Data quality validation
6. Security and privacy
7. Data exchange protocols

Enhancing Performance Measurement NCQA's Road Map for a Health Information Framework

Eric C. Schneider, MD, MSc

Virginia Riehl

Sonja Courte-Wienecke, MD

David M. Eddy, MD, PhD

Cary Sennett, MD, PhD

MEAASURING THE QUALITY OF health care delivery is one of the most critical challenges of coming years.¹ The increasing effectiveness of medical treatments, unexplained variations in their use,^{2,3} and cost-containment pressures have created an urgent need for accountability.^{4,5} Both health plans and medical groups may respond to financial risk arrangements by limiting care and possibly undermining the quality of care. Performance measurement is one means by which we can track the quality of care that health plans and medical groups deliver.⁶ Comparing performance and publicizing that information will drive clinicians to improve clinical care and should counter financial incentives to restrict appropriate care.⁷

Measuring the quality of health care delivery is one of the most critical challenges facing US health care. Performance measurement can be used to track the quality of care that health plans and medical groups deliver, but effective performance measurement requires timely access to detailed and accurate data. In 1996, the National Committee for Quality Assurance (NCQA) commissioned a report to learn what actions would improve health plans' capacity to electronically report performance data for the Health Plan Employer Data and Information Set (HEDIS). Tracking clinical performance will require not just clinical data stored in information systems, but an integrated health information framework. Seven features are essential to this framework: (1) it specifies data elements; (2) it establishes linkage capability among data elements and records; (3) it standardizes the element definitions; (4) it is automated to the greatest possible extent; (5) it specifies procedures for continually assessing data quality; (6) it maintains strict controls for protecting security and confidentiality of the data; and (7) it specifies protocols for sharing data across institutions under appropriate and well-defined circumstances. Health plans should anticipate the use of computerized patient records and prepare their data management for an information framework by (1) expanding and improving the capture and use of currently available data; (2) creating an environment that rewards the automation of data; (3) improving the quality of currently automated data; (4) implementing national standards; (5) improving clinical data management practices; (6) establishing a clear commitment to protecting the confidentiality of enrollee information; and (7) careful capital planning. Health care purchasers can provide the impetus for implementing the information framework if they demand detailed, accurate data on the quality of care.

JAMA. 1999;282:1184-1190

www.jama.com

That future is arriving

Computing advances that make complex analytics feasible

- Less expensive hardware
- New software capabilities
- Scalable, secure data exchange via the Internet
- Cloud computing
- CQL (Clinical Quality Language)

Policy advances that provide the tailwinds for implementation

- HITECH Act provides incentives to digitize clinical information (EHRs)
- ACA drives value-based care contracting
- FHIR data standards for health data exchange
- Regulations create incentives for data exchange via Application Programming Interfaces (APIs)

ECDS: New Reporting Method for HEDIS (2017)



Administrative Method: Transaction Data *Enrollment, Claims, Encounter*



Hybrid Method: Administrative + Sample *Manual Medical Record Review*



Survey Method *CAHPS[®], Medicare Health Outcomes Survey*



Electronic Clinical Data Systems Method *Enrollment, Claims, Encounter, EHRs, HIEs, Registries, Case Management*

Guidelines for *collecting and reporting* structured electronic data for purposes of HEDIS measurement

Confidential – Do Not Distribute

ECDS, dQMs, eCQMs

Related but not synonymous

- **ECDS**

- a reporting standard that describes the digital data sources allowed when reporting a HEDIS measure
- intended to encourage electronic exchange of clinical data (but does not require it)
- can include dQMs

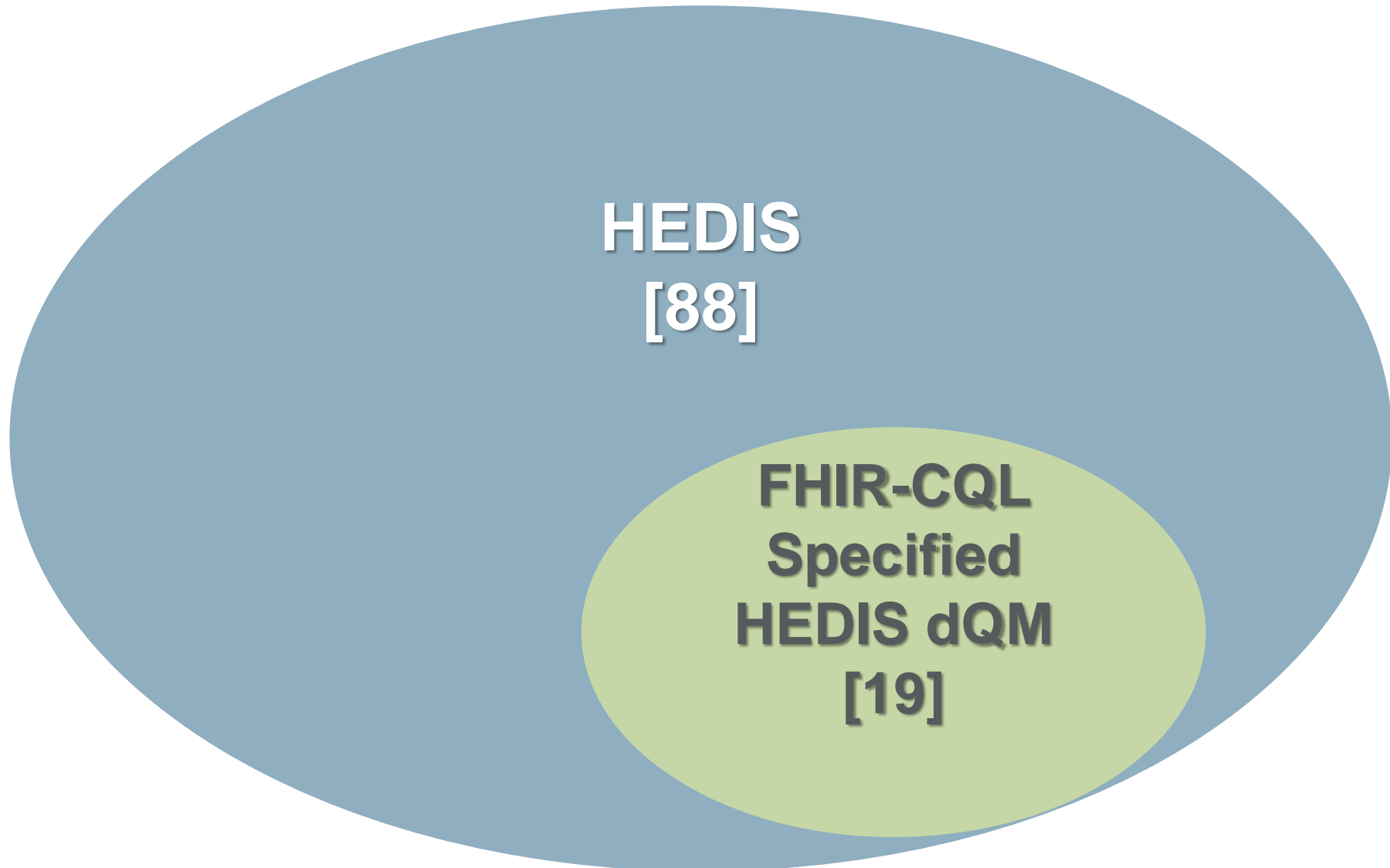
- **dQM**

- computer interpretable, fully specified, standards-based (i.e., CQL-FHIR) measure content
- agnostic to data source and data model if elements properly mapped to required data standards (FHIR, CARIN Blue Button)

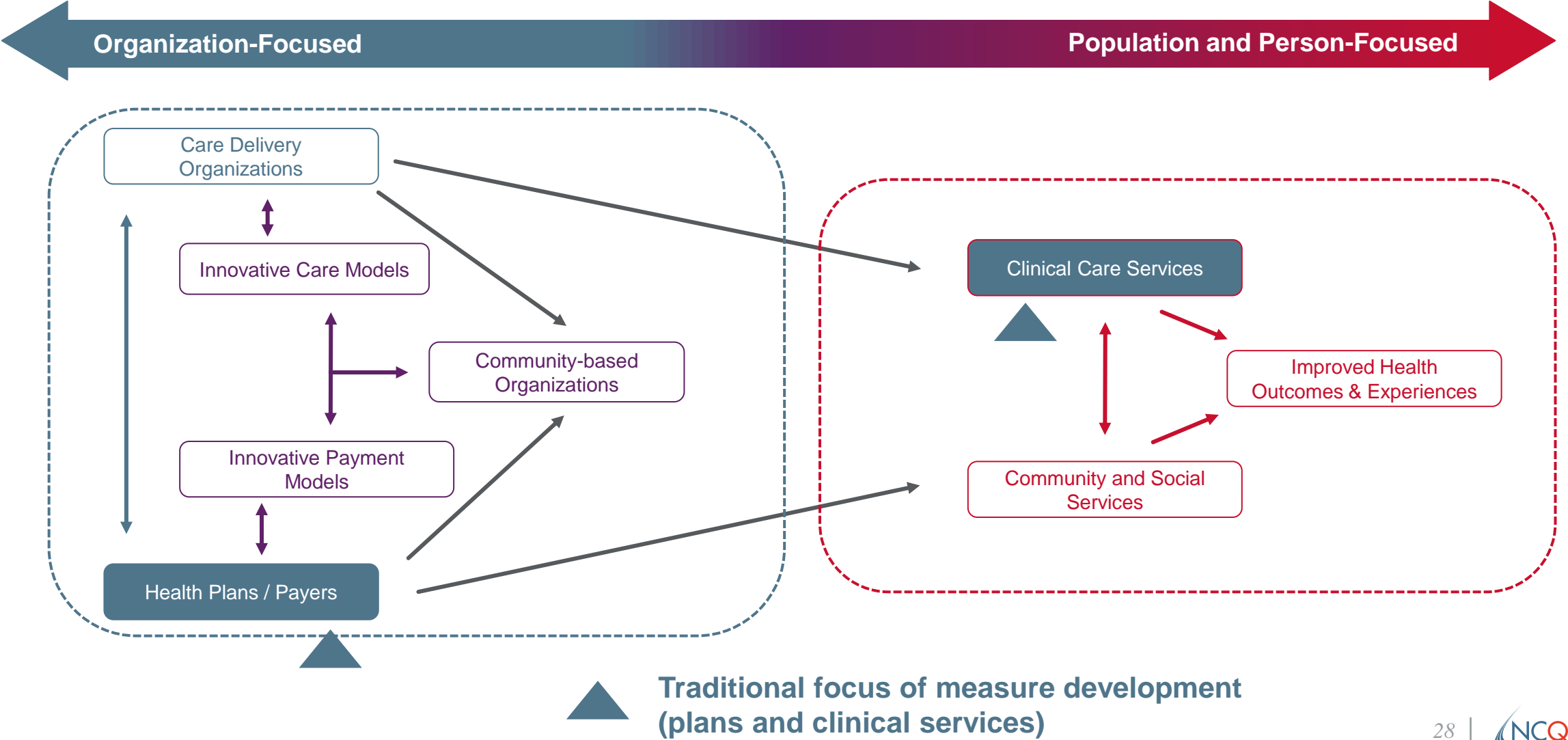
- **eCQM**

- CMS-defined digital measures derived from EHR only (Quality Data Model and/or FHIR)

NCQA is converting current HEDIS measures to digital...



Future measures: Person-focused, relevant points of care, broader range of organizations



Future State: Person-Centered Measurement

Toward a Meaningful High-Value Measurement Enterprise

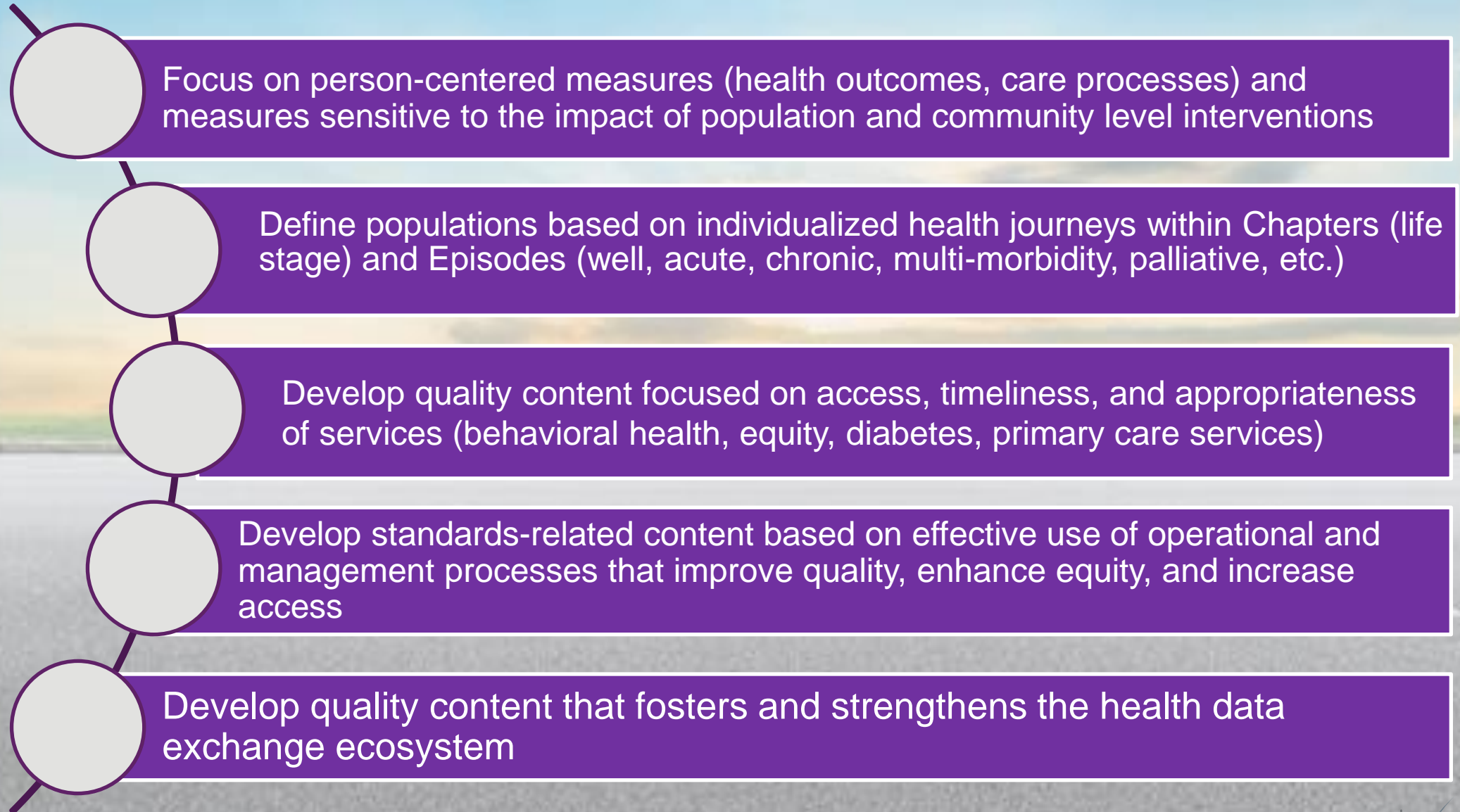
Current HEDIS Description

- *The percentage of women 52–74 years of age who have been enrolled in a health plan for at least two years and who have had a mammogram to screen for breast cancer every other year.*
- Does not account for higher patient risk profile
- Does not include women who recently changed plans
- Does not account for patient preferences
- Does not consider the significance of positive or negative findings

Future HEDIS Measure Description

- *A woman ...
...is she receiving care that matches individualized clinical risks, preferences & social needs?*
- *If risk is higher based on genetic or other data, is she receiving MRI every 6 months instead of mammogram every 2 years?*
- *What is her experience of access, timeliness, coordination and outcomes of care?*

Future State: Quality Content Rooted in Measurement



Danielle A. Lloyd
SVP, Private Market Innovations
& Quality Initiatives
AHIP



About AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone.

Visit www.ahip.org to learn how working together, we are Guiding Greater Health.

The Need Part 1

**Medicare
Advantage
Stars**

Skilled Nursing
Facility QRP

**Qualified Health
Plan Quality Rating
System**

Home
Health
QRP

MSSP
Medicaid Quality Rating System

MIPS

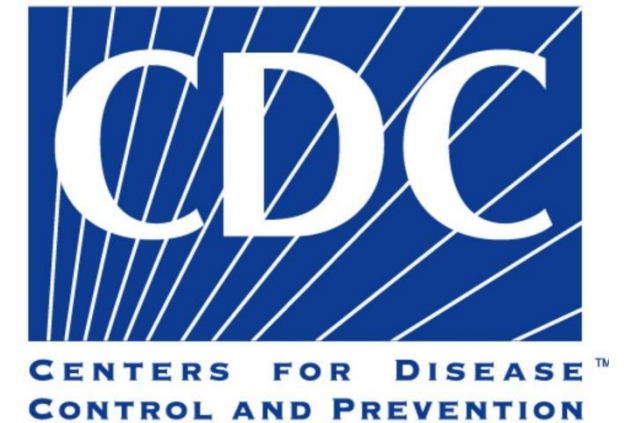
Medicaid Child Core Set

Hospital IQR

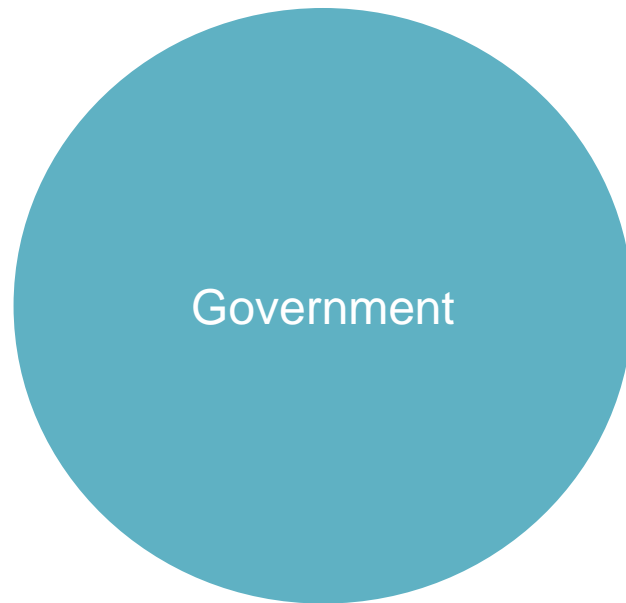
Medicaid
Adult Core
Set

Hospital OQR

The Need Part 2



The Need Part 3



AHIP Quality Efforts

- Strive to improve the affordability, quality, equity, patient and provider experience of care.
 - Value-based care (VBC) and payment arrangements hold promise to achieve quintuple aim.
 - Quality measurement is the essential underpinning of the transition of to VBC.
- Leverage quality measurement to inform VBC and incentives to drive change.
 - Support aligned quality measurement to have a greater impact
 - Play a unique role in the measurement enterprise as both measured entities and measurers.
- Undertake work to ensure the success of quality measurement and VBC such as:
 - Promote performance measure alignment through the Core Quality Measures Collaborative
 - Build consensus with physicians on measuring and benchmarking appropriate use through our Appropriateness Measures Project
 - Providing guidance on measurement science through participation in the National Quality Forum' work on risk adjustment for social factors and aggregating individual measures into accurate and actionable measurement systems.
 - Drive measurement to promote equity by developing a core set of equity measures for use in VBC arrangements
 - Developing modernized patient and provider demographic data content standards

Core Quality Measure Collaborative (CQMC)



CQMC Goals



Align measures across public & private payers



Identify high-value, high-impact, evidence-based measures



Improve health outcomes



Reduce the burden of measurement



Provide consumers with actionable information



Current CQMC Core Sets

ACO/PCMH/PC	Gastroenterology	Cardiology	Orthopedics
Obstetrics & Gynecology	Medical Oncology	HIV & Hep C	Pediatrics
★ Not updated in 2022	★ Behavioral Health	★ Neurology	

CQMC High-Priority Workgroups and White Papers

Implementation

Identify barriers and solutions to uptake and implementation of core set measures.

Develop an implementation guide to facilitate use of the core measure sets in VBC arrangements.

Health Equity

Define opportunities to align proactively on equity measures and measurement methods

Digital Measurement

Enable measure-driven prioritization of data standards

Measure Model Alignment

Explore a model for centralizing components of measurement (e.g., data collection and calculation, dashboards)

Cross-Cutting

Identify measures relevant to multiple settings and specialties

Alignment with the Universal Foundation

- **Seven out of ten measures** in the Adult Universal Foundation are in the CQMC Core Measure Sets. Not included in a CQMC Core Measure Set are:
 - Adult immunization status
 - Initiation and engagement of substance use disorder treatment
 - Screening for social drivers of health
- **Seven out of thirteen measures** in the Pediatric Universal Foundation are in the CQMC Core Measure Set. Not included are:
 - Well-child visits in the first 30 months of life
 - Oral evaluation, dental services
 - Follow-up after hospitalization for mental illness
 - Follow-up after emergency department visit for substance use
 - Use of first-line psychosocial care for children and adolescents on antipsychotics

AHIP Impressions

- Support focus on health promotion and the goal of creating shared accountability for improving health
- Breaks down traditional silos within agency
- Might help break down silos across agencies
- Significant overlap with the CQMC
- Alignment not uniformity
- Starting with low hanging fruit
- Many are long-standing HEDIS measures
- Appreciate the effort to align plans and providers
- Many measures are not tested at the facility or clinician level
- Agree with emphasis on behavioral health
- Next step should be to focus on gaps in sets
- Later step is to focus on gaps in measures
- Ongoing partnership is key



Aneesh Chopra

Co-Founder and President

CareJourney

A Decade in the Making

PROPOSED STRATEGY FOR EXECUTION OF THE HEALTH INFORMATION TECHNOLOGY INVESTMENT PROGRAM

Draft, February 24, 2009

EXECUTIVE SUMMARY

The \$19 billion health information technology (HIT) investment authorized in the American Recovery and Reinvestment Act (ARRA) represents a landmark opportunity to improve health care. In considering how best to execute on this opportunity, it is critical to understand that to treat the HIT investment program as a pure technology implementation program is to effectively guarantee its failure. HIT is not magic. In the absence of provider payment reform and care delivery innovation, it is all too easy to imagine spending \$19 billion on HIT adoption and producing little tangible social benefit. However, there is a clear path to victory:

- If we avoid focusing the HIT investment program narrowly on HIT adoption and instead focus it explicitly on the actual improvement of population health, and
- If we use the HIT investment to catalyze a “virtuous cycle” of (1) provider payment reform, (2) care delivery innovation, and (3) HIT adoption
- Then: the HIT investment can literally transform health care as we know it.

1

Consumer (Application Access) Rights to Health Data, Prices, Quality

2

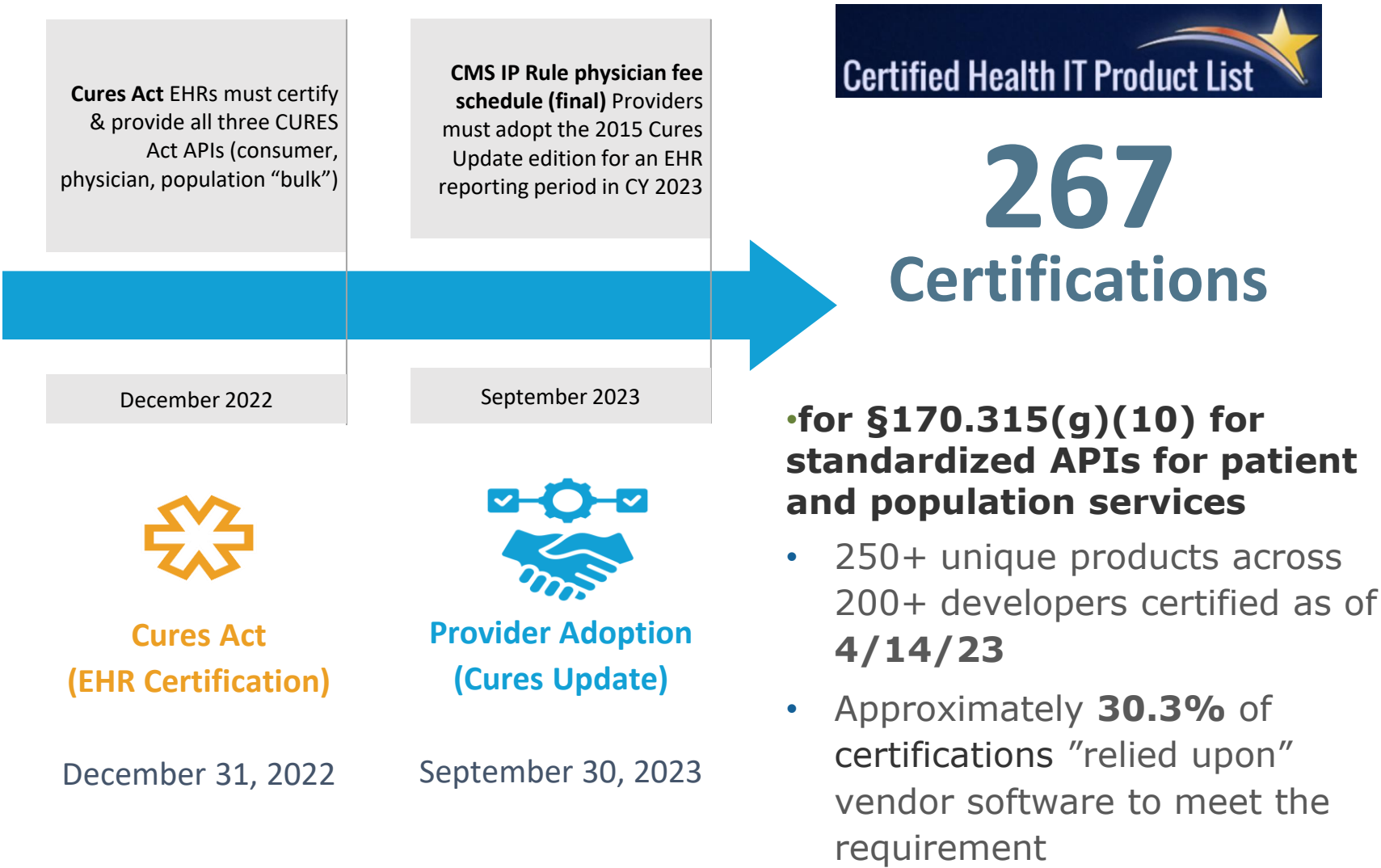
Clinician (Application Access) Rights to EHR, Hospital ADT, Longitudinal Data

3

Partner (Application Access) to Certified Data Elements

“...consumers have access to their own health data – and to the applications and services that can safely and accurately analyze it...” – President Obama (January 2015)

The Need for Real World Testing



New coalition to spur wider Bulk FHIR use launches at HIMSS23

Healthcare organizations including ONC, Advocate Health, Mt. Sinai, Tufts Medicine, UC Davis Health and the VA are participating, and will share implementation tips and best practices to enable broader adoption of the interoperability standard.

Interoperability

Building TEFCA

Micky Tripathi and Mariann Yeager, CEO, The Sequoia Project (the TEFCA Entity) | FEBRUARY 13, 2023




Stage 2 Network-Facilitated FHIR Exchange

- ✓ QHIN-facilitated FHIR-based exchange available as an option under TEFCA.

Cancer Moonshot “First Out of the Gate”

Danielle Carnival Retweeted



Chiquita Brooks-LaSure

@BrooksLaSureCMS

.@CMSinnovates announced the organizations participating in the Enhancing Oncology Model. Launching July 1, the 5-year model test is aligned w/ the Biden-Harris Administration’s #CancerMoonshot efforts to improve the experience of people living w/ cancer.

cms.gov/newsroom/fact-...



Table 3: EOM CDE Names by Reporting Option

HDR Excel Template Data Element Name	HL7 FHIR-Based API Data Element Name (mCODE)
ICD-10 Diagnosis Code	Primary (Initial) Cancer Condition
Initial Date of Diagnosis	Primary (Initial) Cancer Diagnosis Date
Patient Deceased	Patient Deceased
Date Patient Died	Date Patient Died
Recurrence/Relapse Clinical Status	Condition Clinical Status
Current Clinical Status Trend	Current Cancer Condition's Trend
	Current Cancer Observation Status
Current or History of Metastatic Disease*	Not Available
Current Clinical Status Date	Cancer Disease Status Observation Effective Date
Primary Tumor (T) Stage	Primary Tumor Staging Observation
	Primary Tumor Staging Observation - AJCC
	Primary Tumor Staging Observation Status
Nodal Disease (N) Stage	Nodal Disease Observation
	Nodal Disease Observation - AJCC
	Nodal Disease Observation Status
Metastasis (M) Stage	Distant Metastases Observation
	Distant Metastases Observation- AJCC
	Distant Metastases Observation Status
Estrogen Receptor (ER) Test Result	Tumor Marker - Estrogen Receptor Observation Status
	Tumor Marker - Estrogen Receptor Observation Code
	Tumor Marker - Estrogen Receptor Observation Value
	Tumor Marker - Progesterone Receptor Observation Status



Questions

