

## CMS Panel Discussion

### Presenters:

#### *Subject Matter Experts*

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- [Doug Jacobs, MD, MPH](#), Chief Transformation Officer, Center for Medicare (CM), CMS
- [Susannah Bernheim, MD, MHS](#), Chief Quality Officer and Acting Chief Medical Officer, CMS/CMS Innovation Center (CMMI)

## *CMS Overview of Quality Programs*

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## CMS National Quality Strategy

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# CMS National Quality Strategy

With the Centers for Medicare & Medicaid Services (CMS) National Quality Strategy, CMS will set and raise the bar for a resilient, high-value health care system that promotes quality outcomes, safety, equity, and accessibility for all individuals, especially for people in historically underserved and under-resourced communities.

## What is the CMS National Quality Strategy?

CMS leverages a number of approaches to improve health care across the country, including quality measurement; public reporting; value-based payment programs and models; establishing and enforcing health and safety standards; and providing quality improvement technical assistance.

In 2022, the agency launched the CMS National Quality Strategy, an ambitious long-term initiative that aims to promote the highest quality outcomes and safest care for all individuals. The CMS National Quality Strategy focuses on a person-centric approach from birth to end of life as individuals journey across the continuum of care, from home or community-based settings to hospital to post-acute care, and across

payer types, including Traditional Medicare, Medicare Advantage, Medicaid and Children's Health Insurance Program (CHIP) and Marketplace coverage.

The CMS National Quality Strategy builds on previous efforts to improve quality across the health care system, incorporates lessons learned from the COVID-19 Public Health Emergency (PHE), and addresses the urgent need for transformative action to advance towards a more equitable, safe, and outcomes-based health care system for all individuals.

- **Quality Mission:** To achieve optimal health and well-being for all individuals.
- **Quality 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 Priority Areas and Goals**

The CMS National Quality Strategy has 4 priority areas, each with two goals. Each goal has associated objectives and targets to support successful implementation. Within each goal, we highlight actions in progress to demonstrate current and planned work.

### **Promote Aligned and Improved Health Outcomes**

- **Outcomes: Improve Quality and Health Outcomes Across the Care Journey**

- **Alignment: Align and Coordinate Across Programs and Care Settings**

### **Advance Equity and Engagement for All Individuals**

- **Equity: Advance Health Equity and Whole-Person Care**
- **Engagement: Engage Individuals and Communities to Become Partners in Their Care**

### **Ensure Safe and Resilient Health Care Systems**

- **Safety: Achieve Zero Preventable Harm**
- **Resiliency: Enable a Responsive and Resilient Health Care System to Improve Quality**

### **Accelerate Interoperability and Scientific Innovation**

- **Interoperability: Accelerate and Support the Transition to a Digital and Data-Driven Health Care System**
- **Scientific Advancement: Transform Health Care using Science, Analytics, and Technology**

## **Implementing the CMS National Quality Strategy**

The success of this Strategy relies on coordination, innovative thinking, and collaboration across all entities. A unified approach brings us all one step closer to the health care system we envision for every individual.

One lever central to the CMS National Quality Strategy that unifies Traditional Medicare, Medicare Advantage, Medicaid & Children's Health Insurance Program (CHIP) coverage, Marketplace plans, and CMS Innovation Center models and demonstrations is quality measurement. The [Meaningful Measure Initiative](#), active since 2017, remains key to shaping the entire ecosystem of quality measures that drive value-based care. Working as a one of many initiatives and activities under the CMS National Quality Strategy, Meaningful Measures 2.0 promotes innovation and modernization of all aspects of quality measurement, addressing a wide variety of settings, stakeholders, and measurement requirements. Additionally, the "[Universal Foundation](#)" of quality measures further focuses provider attention, reduce burden, identify disparities in care, prioritize development of interoperable, digital quality measures, allow for cross-comparisons across programs, and help identify measurement gaps by identifying a set of key quality measures to use throughout CMS programs.

As we continue making progress, CMS will look to federal partners, external stakeholders, contract organizations (such as the Quality Improvement Organizations), private payers, and others to partner with us in the implementation of the goals outlined in the CMS National Quality Strategy.

Send feedback and questions to CMS by emailing [QualityStrategy@cms.hhs.gov](mailto:QualityStrategy@cms.hhs.gov).

## For Additional News

- [CMS National Quality Strategy Handout \(PDF\)](#)
- [The CMS National Quality Strategy: A Person-Centered Approach to Improving Quality \(Blog\)](#)
- [CMS Cross Cutting Initiatives Fact Sheet \(April 2022\) \(PDF\)](#)

## Learn More

- [Universal Foundation](#)
- [Meaningful Measures 2.0](#)
- [Cascade of Meaningful Measures](#)
- [Frequently Asked Questions & Tools](#)
- [Contact Us](#)

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***CCSQ/QMVIG CMS Measure Development***

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## Meaningful Measures 2.0: Moving to Measure Prioritization and Modernization

### Meaningful Measures Initiative:

CMS continues to build upon the Meaningful Measures with the Meaningful Measures 2.0 and the Cascade of Meaningful Measures framework in the context of the CMS National Quality Strategy. When first introduced in 2017, the Meaningful Measures' objective was to reduce the number of Medicare quality measures and ease the burden on measured entities. The launch of the Meaningful Measures initiative has reduced the number of Medicare quality measures by 18 percent, saving more than 3 million hours of time and a projected \$128 million.

The Meaningful Measures initiative made considerable progress and its scope and purpose have evolved to keep pace with a rapidly changing healthcare environment. The initiative has evolved into a new phase referred to as Meaningful Measures 2.0, CMS will not only continue to reduce the number of measures in its programs but will further shape the entire ecosystem of quality measures that drives value-based care. Meaningful Measures 2.0 promotes innovation and modernization of all aspects of quality, addressing a wide variety of settings, interested parties, and measurement requirements.

The CMS National Quality Strategy provides an overarching, strategic plan that brings together initiatives and frameworks across the agency to ensure harmony and alignment across CMS quality efforts.

Meaningful Measures 2.0 is a key initiative that addresses several of the Strategy's priority areas and goals.

## Meaningful Measures 2.0

In addition to the framework, Meaningful Measures 2.0 supports five interrelated goals to help prioritize and modernize the measures used by CMS Programs. Click each goal for more details.

- [Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics.](#)

## Priorities & Measure Gaps

Meaningful Measures 2.0 addresses measurement gaps, reduces burden, and increases efficiency by:

- Using only high-value quality measures impacting key quality domains.
- Aligning measures across value-based programs and across partners, including CMS, federal, and private entities.
- Prioritizing outcome and patient-reported measures.
- Transforming measures to be fully digital and incorporating all-payer data.

- Developing and implementing measures reflecting social drivers/determinants of health (SDOH).

## Digital Quality Measurement

Meaningful Measures 2.0 prioritizes [digital quality measures](#), which originate from health information captured and transmitted electronically via interoperable systems. CMS continues to improve our digital strategy by

- Using FHIR-based standards to exchange clinical information through APIs, allowing clinicians to digitally submit quality information one time which can be used in many ways.
- Accelerating the transition to fully electronic measures.
- Working across CMS to use artificial intelligence to identify quality problems and intervene before harm comes to patients.
- Developing more APIs for quality measure data submission and interoperability.
- Harmonizing measures across registries.

## Person-Centered Care

Meaningful Measures 2.0 promotes better collection and integration of individuals voices across CMS programs by:

- Simplifying how to use person-reported outcome performance measures (PRO-PMs) and integrating them into the electronic

health record workflow.

- Developing PRO-PMs and embedding into the workflow, allowing access through an API or patient portal, improving ease of use, and reducing reporting burden.
- Using National Institutes of Health-developed [Patient-Reported Outcomes Measurement Information System](#)<sup>®</sup> (PROMIS<sup>®</sup>) tools.
- Working across CMS to use “Self-Reported Health” as an agency-wide key result that reflects the patient’s voice around quality of care.

## Cascade of Meaningful Measures:

The Cascade of Meaningful Measures is a tool to help prioritize existing health care quality measures, align or reduce measures where there are too many, and identify gaps where new measures may need to be developed. The tool starts by utilizing the eight health care priorities of the Meaningful Measures 2.0 Framework. The Cascade of Meaningful Measures describes, in increased detail of the components of the health care system that are being measured. It moves from the eight Meaningful Measures health care priorities to goals and objectives. For more information, check out the Cascade of Meaningful Measures website.

## Next Steps

Meaningful Measures 2.0 will continue evolving with your help. Email your comments to [meaningfulmeasuresqa@cms.hhs.gov](mailto:meaningfulmeasuresqa@cms.hhs.gov).

Not sure where to start? Consider these questions:

- Are there gaps in the updated Meaningful Measures Initiative?
- Are there barriers or challenges to implementing the proposed changes and goals?
- Should Meaningful Measures 2.0 address the COVID-19 pandemic? If so, what should we incorporate and how should we do it?

## Downloads

- [2020 CMS Quality Conference: The Future of Quality Measurement, 2020 and Beyond – February 2020 \(PPTX\)](#)
- [2021 CMS Quality Conference: CMS Quality Measurement Action Plan – March 2021 \(PDF\)](#)

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***CMS Universal Foundation***

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## CMS National Quality Strategy

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# Aligning Quality Measures Across CMS - the Universal Foundation

To further the goals of the [CMS National Quality Strategy](#), CMS leaders from across the Agency have come together to streamline quality measures across CMS quality programs for the adult and pediatric populations. This “Universal Foundation” of quality measures will focus provider attention, reduce burden, identify disparities in care, prioritize development of interoperable, digital quality measures, allow for cross-comparisons across programs, and help identify measurement gaps. The development and implementation of the Preliminary Adult and Pediatric Universal Foundation Measures will promote the best, safest, and most equitable care for individuals as we all work together on these critical quality areas. As CMS moves forward with the Universal Foundation, we will be working to identify foundational measures in other specific settings and populations to support further measure alignment across CMS programs as applicable.

## **Selection Criteria for the Universal Foundation:**

- 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 prioritized for stratification and digitization. The CMS Center for Medicare & Medicaid Innovation (CMMI) retains the role to test new and innovative measures.

### **Universal Foundation:**

➤ [Adult](#)

➤ [Pediatric](#)

### **Add-ons:**

To assess care provided to specific populations and settings (es. Hospital-based care or maternity care) additional measure beyond those captured in the Adult and Pediatric Universal Foundation are necessary. As with the Adult and Pediatric Universal Foundation



measures, CMS will identify add-on measures to be implemented consistently across applicable programs. However, a particular measure may be essential to assess care, but only be appropriate for one program. CMS will continue developing more add-on sets in 2024, including one for behavioral health.

- [Hospital](#)
- [Post-acute Care](#)
- [Maternity Care](#)

### **The Universal Foundation: Next Steps**

The Universal Foundation will continue to evolve over time:

- CMS will develop setting- and population-specific “add-on” measure sets
- Measures may be replaced or removed when goals are met
- Measures may be added to assess quality across the care journey
- CMMI will continue to test new and innovative measures

CMS will solicit feedback on the Universal Foundation through comments, rulemaking, listening sessions, or other forums.

To learn more the impact and next steps of the Universal Foundation, read [‘Aligning Quality Measures Across CMS -the Universal Foundation’](#) in the New England Journal of Medicine.

tionally distinguished between unintentional injuries, such as traffic-related injuries, and intentional injuries, such as those caused by assault, when designing potential interventions. This siloed approach has contributed to the persistence of substantial inequities driven by structural factors, many of which similarly affect inequities in various types of injuries, regardless of intentionality. Historical and contemporary investment in (or disinvestment from) communities is affected by racism and classism, and resulting densely impoverished neighborhoods face interrelated challenges. The same communities that have fewer continuous, well-maintained sidewalks and more arterial roads (which increases the risk of traffic-related pedestrian injuries) have more abandoned homes (which is associated with firearm-related homicide) and a history of reduced access to swimming education and facilities (which increases the risk

of drowning). Rural areas and urban areas with large Black and lower-income populations are disproportionately likely to be trauma-center deserts that result in long travel times to obtain appropriate medical care.

In recent years, some injury-related inequities have intensified, with widening inequities reported in traffic-related fatalities, firearm-related deaths, and drowning. Injury inequities are a crisis, and evidence-based, equity-focused interventions are urgently needed. The injury equity framework provides a theoretical basis to guide systematic data collection and analysis related to the complex, multilevel structural factors at the root of these inequities and the design of innovative interventions needed to address them. Complex problems require complex solutions, and the medical, public health, policy, and injury-prevention communities will need to unite in a multidisciplinary effort to drive change.

Disclosure forms provided by the authors are available at NEJM.org.

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## Aligning Quality Measures across CMS — The Universal Foundation

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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 common clinical scenarios. The Centers for Medicare and Medicaid Services

(CMS) and public-private partnerships have therefore moved toward creating more parsimonious sets of measures. Although some progress has been made, lack of alignment across CMS's quality programs has contributed to challenges for clinicians, facilities, and health insurers when it comes to prioritizing outcomes that are meaningful for patients.

We — the leaders of many CMS

centers — aim to promote high-quality, safe, and equitable care. We believe aligning measures to focus provider attention and drive quality improvement and care transformation will catalyze efforts in this area. Since there is tension between measuring all important aspects of quality and reducing measure proliferation, we are proposing a move toward a building-block approach: a “uni-

versal foundation” of quality measures that will apply to as many CMS quality-rating and value-based care programs as possible, with additional measures added on, depending on the population or setting.

CMS operates more than 20 quality programs focused on individual clinicians, certain health care settings such as hospitals or skilled nursing facilities, health insurers, and value-based entities such as accountable care organizations. 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 measures for Medicaid managed-care organizations) to adjust clinician reimbursement as part of value-based arrangements — although some insurers use different or modified measures, which has also contributed to measure proliferation.

The Universal Foundation is part of CMS’s efforts to implement the vision outlined in our National Quality Strategy<sup>1</sup> and is fundamental to achieving several of the agency’s quality and value-based care goals.<sup>2,3</sup> It is intended to focus providers’ attention on measures that are meaningful for the health of broad segments of the population; reduce provider burden by streamlining and aligning measures; advance equity with the use of measures that will help CMS recognize and track disparities in care among and within populations; aid the transition from manual reporting of quality

measures to seamless, automatic digital reporting; and permit comparisons among various quality and value-based care programs, to help the agency better understand what drives quality improvement and what does not. To select measures for the Universal Foundation, CMS prioritized measures that were most likely to achieve these goals and have minimal unintended consequences (e.g., promoting overtreatment of certain conditions).

Across CMS, the existence of multiple processes for measure selection and approval has historically made implementation of aligned measures challenging. As such, we have created a cross-center working group focused on coordination of these processes and on development and implementation of aligned measures to support a consistent approach under the Universal Foundation.

Our intention is that the Universal Foundation will eventually include selected measures for assessing quality along a person’s care journey — from infancy to adulthood — and for important care events, such as pregnancy and end-of-life care. We started by identifying preliminary measures for the Universal Foundation’s adult and pediatric components (see table). The streamlined measures included here would be used across CMS programs and populations, to the extent that they are applicable and in keeping with legislative statutes. Additional measures will be necessary for assessing care provided to specific populations or in certain settings, such as hospital-based care, maternity care, dialysis care, and long-term and community services. CMS will identify add-on measures that

could be implemented consistently across programs. In some instances, we may seek to include a particular measure in only one program, but only if it captures an aspect of quality that is specific to that setting. For example, it’s impossible to capture all aspects of specialist quality in a foundational set, so CMS will continue to evaluate specialty-specific measures for potential inclusion in the Merit-Based Incentive Payment System Value Pathways and certain innovation models.

The quality measures we selected underlie many of the diseases and conditions associated with the highest morbidity and mortality in the United States, including diabetes, high blood pressure, and cancer. The cancer-related measures are in line with the goals of the Cancer Moonshot program.<sup>4</sup> The measures also reflect the importance of high-quality preventive care, including vaccination. Identification and treatment of depression and substance use disorders are included in the Universal Foundation because addressing these behavioral health conditions in an integrated way can improve both physical and behavioral health outcomes.<sup>5</sup> The focus on quality in behavioral health care for pediatric populations reflects the need to improve care for children and adolescents with depression, other mental health disorders, and substance use disorders. Finally, the measures focus on care coordination after hospitalization, patient experience, and screening for social drivers of health (we also intend for them to eventually cover follow-up to address identified social needs). Although equity is a measurement-category

Preliminary Adult and Pediatric Universal Foundation Measures.*	
Domain	Identification Number and Name
<b>Adult</b>	
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
Equity	Identification number undetermined: Screening for social drivers of health
<b>Pediatric</b>	
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 medication
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures

\* Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

domain, CMS also plans to use the full set of measures to stratify outcome data and identify disparities among and within populations to inform future equity efforts internally and for health insurers and providers.

For organizations that develop and endorse quality measures, the

Universal Foundation will identify CMS's priority areas for measurement and reveal gaps. For example, although patient safety is a top priority for CMS and there are several well-developed safety measures used in hospitals, there is no patient-safety measure that is widely used in

ambulatory settings. Another current gap is the lack of a measure of holistic well-being. The Universal Foundation will continue to evolve over time; as quality measurement improves or when quality goals within a category are met, CMS will consider replacing or removing measures. We also intend to move toward using more outcome and patient-reported measures and measures for which data can be collected and reported digitally. The CMS Innovation Center will continue to test new quality measures in models when such measures are appropriate given a particular model's quality aims, while leveraging the Universal Foundation where possible. To promote the goal of alignment across programs, Universal Foundation measures will be prioritized before other measures addressing similar aspects of quality.

Looking ahead, CMS intends to move toward aligning measures while collecting feedback by means of listening sessions, requests for information and proposed rulemaking, and other interactions with the medical community and general public. We will incorporate this feedback into future iterations of the Universal Foundation. For Medicaid and the Children's Health Insurance Program specifically, any changes to measure sets will be made in partnership with states and other stakeholders. CMS will also continue to engage in discussions about broader alignment of quality measures outside CMS, for instance as part of the Core Quality Measures Collaborative, state efforts, and the Health Care Payment Learning and Action Network, to identify future opportunities for alignment.

We believe that, by focusing providers' attention, the Universal Foundation will result in higher-quality care for the more than 150 million Americans covered by our programs. But quality-measure alignment is just the first step; we cannot accomplish the enormous task of quality improvement and care transformation without a concerted effort among clinicians, provider organizations, insurers, community-based organizations, state and local governments, and patients. We hope that alignment focused on the Universal Foundation within CMS can also set the stage for alignment throughout the health care

system, with improved outcomes being our collective North Star.

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Drs. Jacobs and Schreiber contributed equally to this article.

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***CMMI Quality Measurement Priorities***

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