Health Reform WK-EDGE Wrap Up, QUALITY IMPROVEMENT MEASURES
—OTHER AGENCY ISSUANCES: CMS is developing quality one measure at a time, (Dec. 23, 2015)

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CMS released a Quality Measure Development Plan (MDP) that is designed to serve as a strategic framework for the development of quality measures under the Medicare Merit-based Incentive Payment System (MIPS) and Medicare alternative payment model (APM) programs that were created by the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA) (P.L. 114-10). The law required CMS to develop a draft plan for the development of quality measures for those programs by January 1, 2016. After accepting public comments on its draft plan, CMS intends to release a final MDP on the CMS.gov website by May 1, 2016 (CMS Quality Measure Development Plan, December 18, 2015).

Changing focus. Like the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148), MACRA legislated steps away from volume based health care services and towards value based health care services. With an increasing focus on quality, MACRA sunsets payment adjustments for existing clinician reporting and incentive programs—the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program. In their place, MACRA established MIPS and APM incentives, which are aimed at furthering the path to value in health care. Under MIPS, beginning in 2019, providers will receive payment adjustments based upon performance in four categories: quality, resource use, clinical practice improvement activities, and meaningful use of EHRs. Under MACRA, providers will also be eligible for incentive payments under certain APMs, which, by law, will have quality measures comparable to those used under MIPS. The MDP serves as an explanation for how CMS will draw from past quality programs to build a portfolio of quality measures for MIPS and APMs.

Development. The MDP focuses on gaps in the existing quality programs and proposes recommendations to close those gaps. According to CMS, in the future, when developing measures, the agency will focus on care experiences, patient-reported outcomes, patient health outcomes, communication, care coordination, and appropriate use of resources across six quality domains: (1) clinical care, (2) safety, (3) care coordination, (4) patient and caregiver experience, (5) population health and prevention, and (6) efficiency and cost reduction. The goal of the new quality focus is to promote more comprehensive and efficient data collection, ensure provider accountability, and lead to a set of publically reportable data that will be useful to consumers.

Comments. CMS plans to continue seeking input on its draft MDP from clinicians, payers, patients, caregivers, and other stakeholders. The draft MDP indicates that the evolution and success of the plan depends upon collaboration with the individuals and entities it will impact. The agency will receive comments through March 1, 2016.

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