NATIONAL QUALITY FORUM ANNUAL CONFERENCE

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CMS

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CCSQ 2018 Strategic Goals

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- **Patients over Paperwork**
- Eliminating Opioid Overdoses and Misuse
- 12th Scope of Work for Quality Improvement Organizations
- **Interoperability – putting data in the hands of patients**
- **Meaningful Measures**
- CCSQ Quality Data Strategy
- Identify patient centered outcomes to ensure the most appropriate treatments for Medicare patients and create a predictable pathway to covered treatments
- **Ongoing implementation of QPP**
- Technical Assistance for Year 2 and 3 of QPP
- Spread of Human Centered Design practices in CMS

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PATIENTS
OVER PAPERWORK

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OUR TOP PRIORITY AT CMS IS PUTTING PATIENTS FIRST

CMS is committed to reducing unnecessary burden, increasing efficiencies, and improving the beneficiary experience.

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PATIENTS OVER PAPERWORK

Examples of Work to Date

1. Greatly **reduced the number of EHR measures and thresholds** required for Meaningful Use and QPP
   - Re-engineering these programs for future years to **focus on interoperability** and further reducing burden for providers
2. Developed an **API for data submission** under QPP that can be used for reporting to MIPS for clinicians using registries or QCDRs
3. Developed a very user friendly **website for QPP** for obtaining information and submitting data.
4. E/M Med Student Documentation
   - Now allow teaching physicians to verify in the medical record student documentation of E/M services, **rather than re-documenting** the student's notes

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Meaningful Measures

Promote Effective Communication & Coordination of Care
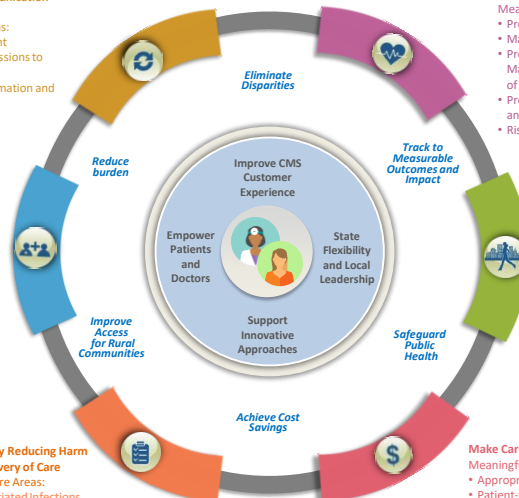Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Eliminate Disparities
Track to Measurable Outcomes and Impact
Safeguard Public Health
Achieve Cost Savings
Improve Access for Rural Communities
Reduce burden

Improve CMS Customer Experience
Empower Patients and Doctors
State Flexibility and Local Leadership
Support Innovative Approaches

All presentation images are still under development.

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Meaningful Measures

- Remove low value measures
- Develop and implement measures that fill gaps in the framework – only high value measures
- Intensive work with Health IT organizations, registries and clinicians to reduce the burden of measurement

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Putting Data in the Hands of Patients
What this means for CMS

- Blue Button 2.0
  - o Developer-friendly, standards-based API
  - o Developer preview program – open now (over 100 developers so far)
  - o Data security is of the utmost importance
- Overhaul of Meaningful Use and Advancing Care Information in QPP
  - o Program alignment
  - o Strong emphasis on interoperability and privacy/security
  - o Flexibility
  - o Lower burden
- 2015 edition Certified EHR Technology
- Prevention of Information Blocking
- Working with Commercial Payers in MA and Exchanges
- Star Ratings
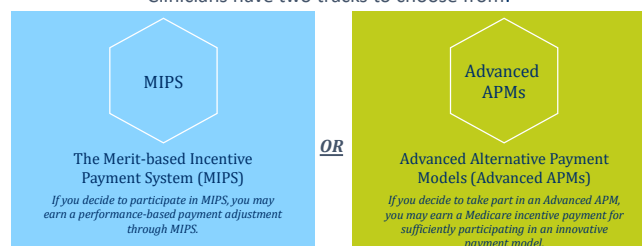- Require data sharing to participate in Medicare?

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Quality Payment Program

We've heard concerns that too many quality programs, technology requirements, and measures get between the doctor and the patient. That's why we're taking a hard look at reducing burdens. We aim to improve Medicare by helping doctors and clinicians concentrate on caring for their patients rather than filling out paperwork.

Clinicians have two tracks to choose from:

MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you may earn a performance-based payment adjustment through MIPS.

OR

Advanced APMs

Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

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Quality Payment Program

CMS

- Improve beneficiary outcomes
- Reduce burden on clinicians
- Increase adoption of Advanced APMs
- Maximize participation
- Improve data and information sharing
- Ensure operational excellence in program implementation
- Deliver IT systems capabilities that meet the needs of users

Quick Tip: For additional information on the Quality Payment Program, please visit qpp.cms.gov

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New Model: BPCI Advanced Tests a Different Approach to Payment

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A bundled clinical episode links physician, hospital, and post-acute care payments to quality and cost

Participants may earn **additional payments from CMS**, but may owe money back to CMS, if costs are higher than expected

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Where are we Now with QPP?
Data Submission

- Single site to submit all data
- Designed using Human-centered design techniques
  - Frequent proto-typing and testing with practicing clinicians and practice managers
- On-screen notifications and warnings
- Drag and drop File Upload
- No "Submit" button
- Submit data as often as you like
- Real-time performance category scoring
  - New "claims to quality" feature
  - Scoring changes if you upload new data – you can re-submit data any time
- **Data submission ends March 31st, 2018**

What's Next for QPP?

- 2018 Eligibility look-up for MIPS
- Predictive Qualified Participant status (Advanced APMs)
- Multi-payer Advanced APMs
- Feedback reports
  - New look and feel
  - Easier to access
  - Will include MIPS payment adjustment in addition to quality/cost performance information
- Year 3 rule-making
  - Reviewing flexibilities provided in the Bipartisan Budget Act
  - Simplification of some of the complex policies and scoring
  - Facility-based scoring details
  - Exploring ways to further reduce burden on clinicians

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NQF and CMS Collaboration

- Measure endorsement
- Development of the measurement science
- Multi-stakeholder review of measures for CMS programs
- Collaboration on feedback loops
- Continuous process improvement

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Pre-rulemaking Process

- The Pre-rulemaking Process – provides for more formalized and thoughtful process for considering measure adoption:
- Early public preview of potential measures
- Measure Applications Partnership feedback and consideration prior to rulemaking
- Review measures for alignment and to fill measurement gaps prior to rulemaking
- Endorsement status considered favorable; lack of endorsement must be justified for adoption.
- Potential impact of new measures and actual impact of implemented measures considered in selection determination (feedback loop)
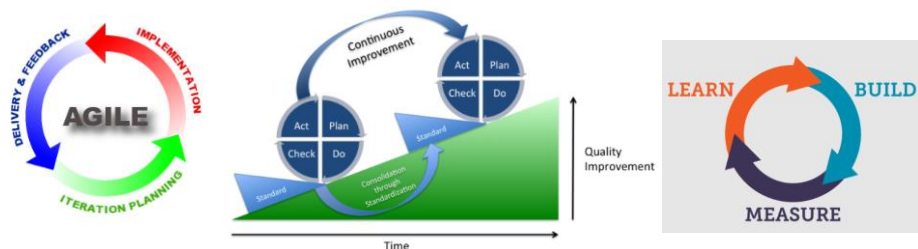
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Commitment to Continuous Improvement
NQF and CMS

NQF and CMS must work together to streamline, reduce cost and cycle time, establish feedback loops and integrate endorsement and multi-stakeholder input

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Why NQF Matters to CMS

- Openness and transparency
  - o Helps CMS strengthen accountability of programs
- Scientific Rigor
  - o Measures used for accountability can be trusted
- Consensus development
  - o Enables CMS to ensure that the voices of all those potentially impacted have been fairly considered
- Multi-stakeholder input
  - o Collaboration with CMS to empower patients and providers

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