

CMS Quality Roadmap and Value-based Purchasing

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Resources

- Roadmap for Implementing Value Driven Healthcare in the Traditional Medicare Fee-for-Service Program.

www.cms.gov/QualityInitiativesGenInfo/downloads/QualityMeasurementRoadmap_OEA1-16_508.pdf - 2010-04-02

CMS Quality Roadmap

CMS strategies to improve patient care and quality

- ❑ Quality measurement and information
- ❑ Health information technology
- ❑ Quality improvement
- ❑ Public reporting
- ❑ Transparency
- ❑ Incentives

Value-based purchasing

- Incentives to deliver higher quality care at lower costs
- Consensus-based clinical measures
- Resource utilization measurement
- Payment system redesign
- Joint clinical and financial accountability
- Partnerships with providers and restructuring relationships

Value-Based Purchasing at CMS

- ❑ Potential to transform CMS into an active and engaged purchaser
- ❑ Percent of hospital payment conditional on performance
- ❑ Reward both improvement and attainment performance levels
- ❑ Financial incentives and public reporting to foster quality improvement
- ❑ No additional funding in payment reform

Supporting Accountable Care Organizations

- Goals to improve quality and decrease costs in their communities
- Collaborating providers serving a community
- Medicare support through transparency
Publish quality and cost information
- Medicare support through VBP payments:
Competitive bidding, shared savings,
payment differentials based on performance

Hospital Reporting – CMS and Hospital Quality Alliance

- ❑ Goal - to improve the quality of care.
- ❑ Linkage of reporting and pay for performance.
- ❑ Reporting on 44 measures.
- ❑ Those reporting receive the full market basket update; those not reporting receive two percentage points less.
- ❑ Publication
- ❑ Hospital Compare
www.hospitalcompare.hhs.gov

Information from public reporting Medicare.gov

- ❑ Medicare Health Plan Compare – 1999
- ❑ Dialysis Facility Compare – 2001
- ❑ Nursing Home Compare – 2002
- ❑ Home Health Compare – 2003
- ❑ Hospital Compare – 2005
- ❑ Prices of medical procedures

CMS Demonstration Projects

60 demonstration projects currently

- ❑ Care Management for High Cost Beneficiaries
- ❑ Medicare Disease Management
- ❑ Physician Group Practice
- ❑ Medicare Care Management
- ❑ Nursing home value-based purchasing
- ❑ Home health pay for performance
- ❑ ESRD disease management
- ❑ Medicare Hospital Gain sharing

CMS Demonstration Projects

- Post Acute Care Episode
- Approaches to Measuring Physician Resource
- Electronic Health Records
- Medicare Adult Day Care Services
- MMA Physician Hospital Collaboration
- Medicare Health Care Quality
- ESRD Bundled Payment
- Premiere Hospital Quality Incentive Payment
- Medicare Coordinated Care

Hospital Pay for Performance: Premiere Hospital Quality Incentive Demonstration

- ❑ Can incentives improve quality and reduce hospital costs?
- ❑ Premiere - a purchasing organization for 1500 not-for-profit hospitals.
- ❑ Measuring, tracking, and reporting quality by 500 hospitals.
- ❑ 230 hospitals participate

Incentives and QI

- 5 clinical areas: AMI, heart failure, CABG, hip and knee replacement
- Reporting over 30 measures
- Improvement: 19.4% gain across 5 areas
- Incentives over 4 years = \$36.5 million
- Awards: attainment, top performer, improvement, threshold penalty

ESRD – First Pay for Performance

- Facts: 4,330 ESRD OP facilities and 591 Hospitals, 330,000 patients, \$9.2 billion/year
- Links payments to quality of care
- Jan 1, 2011 Bundled payment
- Jan 1, 2012 Quality Incentive Program
- Measures: Dialysis adequacy URR and Anemia Management
- Patient-level and facility-level adjustment
- Failure to attain performance targets = two percent reduction in payment rates

Summary Themes

- ❑ Public reporting
- ❑ Incentives
- ❑ Health care transparency
- ❑ Quality, measurement, and process improvement
- ❑ Health information technology
- ❑ Value-based purchasing
- ❑ Testing new delivery systems