

NASI Medicare Academy

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Levers for Safety, Quality & Value

- Contemporary Quality Improvement: ***Quality Improvement Organizations, Hospital Engagement Networks***
- Transparency, Public Reporting & Data Sharing: ***Hospital Inpatient Quality Reporting Program, Hospital Compare***
- Incentives: ***Hospital Value Based Purchasing, Merit-Based Incentive Payment System***
- Regulation: ***Conditions of Participation (Hospitals, 15 other provider types), Survey and Certification***
- National & Local Coverage Decisions: ***Evidence-based coverage, coverage for Preventative Services***

CMS Quality Strategy

BETTER CARE

BETTER HEALTH FOR POPULATIONS

SMARTER SPENDING

The Six Goals of the CMS Quality Strategy

- 1 Make care safer by reducing harm caused in the delivery of care
- 2 Strengthen person and family engagement as partners in their care
- 3 Promote effective communication and coordination of care
- 4 Promote effective prevention and treatment of chronic disease
- 5 Work with communities to promote healthy living
- 6 Make care affordable

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CMS support of Health Care **Delivery System Reform (DSR)** will result in better care, smarter spending, and healthier people

Historical state

Key characteristics

- Producer-centered
- Incentives for volume
- Unsustainable
- Fragmented Care

Systems and Policies

- Fee-For-Service Payment Systems

**Public
and
private
sectors**

Evolving future state

Key characteristics

- Patient-centered
- **Incentives for outcomes**
- Sustainable
- Coordinated care

Systems and Policies

- Value-based purchasing
- Accountable Care Organizations
- Episode-based payments
- Medical Homes
- Quality/cost transparency

Delivery System Reform requires focusing on the way we pay providers, deliver care, and distribute information

Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.

Focus Areas

Description

Pay Providers

- Promote value-based payment systems
 - Test new alternative payment models
 - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

Deliver Care

- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

Distribute Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

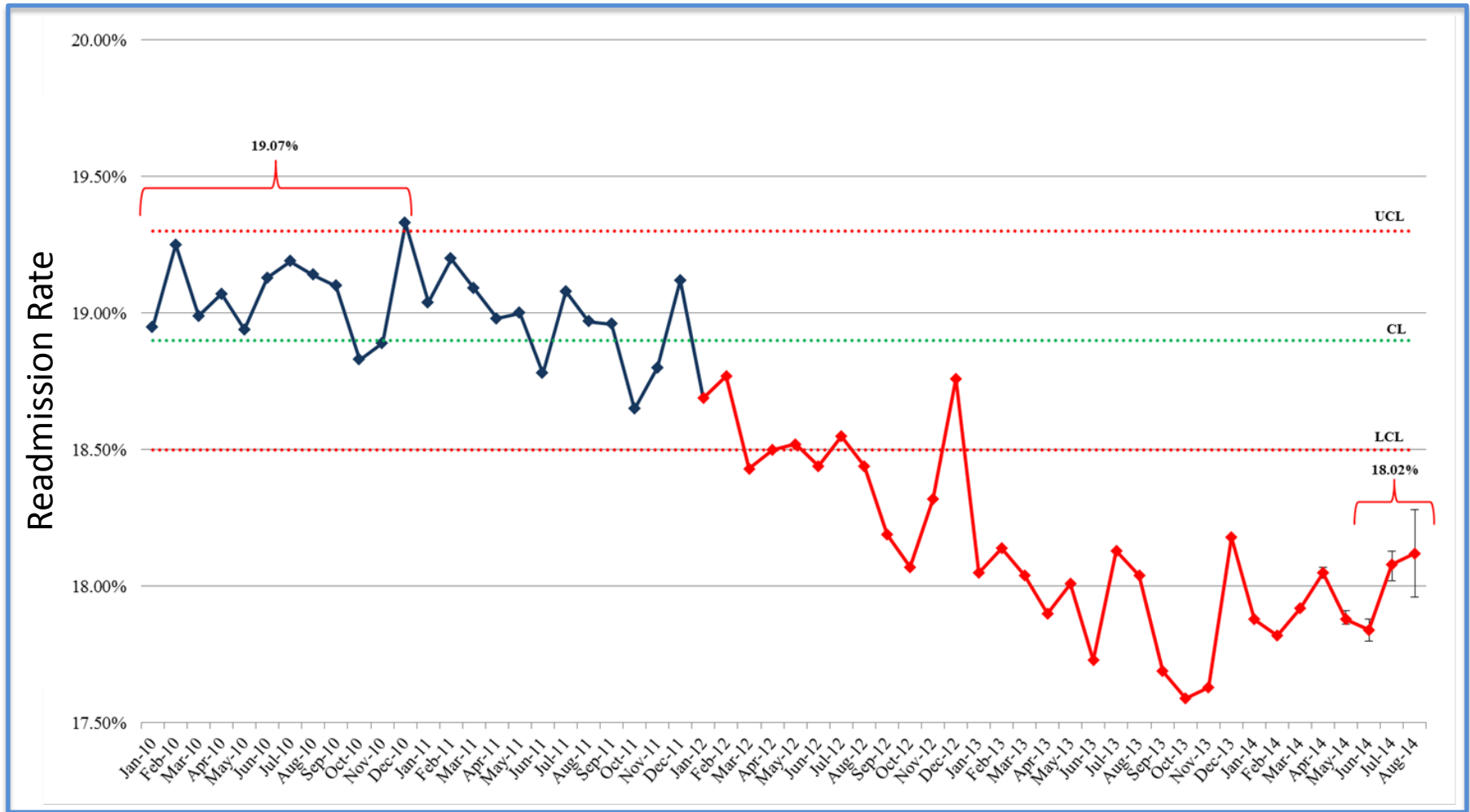
Partnership for Patients contributes to quality improvements

- **Data shows a 17% reduction in hospital acquired conditions across all measures from 2010 – 2013**
 - 50,000 lives saved
 - 1.3 million patient harm events avoided
 - \$12 billion in savings
- **Many areas of harm dropping dramatically – patient safety improving**

Leading Indicators, change from 2010 to 2013

Ventilator-Associated Pneumonia	Early Elective Delivery	Central Line-Associated Blood Stream Infections	Venous thromboembolic complications	Re-admissions
62.4% ↓	70.4% ↓	12.3% ↓	14.2% ↓	7.3% ↓

Medicare all-cause, 30-day hospital readmission rate is declining



Source: Health Policy and Data Analysis Group in the Office of Enterprise Management at CMS. April 2014 – August 2014 readmissions rates are projected based on early data, with 95 percent confidence intervals. UCL: control limit, UCL: upper control limit; LCL: lower control limit

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