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Alerts

CMS and AHIP Announce New Clinical Quality Measures

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Health Care Alert

On February 16, 2016, the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP), in collaboration with physician groups and other stakeholders, released seven sets of clinical quality measures. These measures were released as part of a broad Core Quality Measures Collaborative of health care system participants. The measures support multi-payer alignment, for the first time, on core measures primarily for physician quality programs.

Partners in the Collaborative recognized that providers must currently report multiple quality measures to different entities. Measure requirements often vary among payers, which has resulted in difficulties for reporting providers. To address this problem, the Collaborative worked to identify core sets of quality measures that payers have committed to using for reporting as soon as feasible. This release is the first from the Collaborative, which plans to add more measure sets and update the current measure sets over time. CMS and the partner organizations believe that by reducing the complexity for providers and focusing quality improvement on key areas across payers, quality of care can be improved for patients more effectively and efficiently.

The guiding principles used by the Collaborative in developing the core measure sets were that they be meaningful to patients, consumers, and physicians, while reducing variability in measure selection, collection burden, and cost. The goal was to establish broadly agreed-upon core measure sets that could be harmonized across both commercial and government payers.

The core measures consist of:

1. Accountable Care Organizations, Patient Centered Medical Homes, and Primary Care
2. Cardiology
3. Gastroenterology
4. HIV and Hepatitis C
5. Medical Oncology
6. Obstetrics and Gynecology
7. Orthopedics

Implementation of the measures will occur in several stages. CMS is already using measures from each of the core sets. Using the notice and public comment rule-making process, CMS also intends to implement new core measures across applicable Medicare quality programs as appropriate, while eliminating redundant measures that are not part of the core set. Additionally, CMS is using new tools from the Medicare Access and CHIP Reauthorization Act of 2015 to support quality improvement and alignment and is working with federal partners and state Medicaid plans to align quality measures where appropriate. The Health Care Payment Learning and Action Network, a public-private collaboration established by CMS, will integrate these quality measures into their efforts to align payment model components with public and private sector partners.

Commercial health plans will implement these core sets of measures as and when contracts come up for renewal or if existing contracts allow modification of the performance measure set. The Collaborative views the upcoming year as a transitional period, as it begins adoption and harmonization of the measures. Ongoing monitoring by the Collaborative of the use of these measures will enable modifications of measure sets, as needed and based on lessons learned, including minimizing unintended consequences and selection of new measures as better measures become available.

For more information, please contact your regular Hinshaw attorney.

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