Collaborative Group Outlines Multi-Payer Quality Measures

February 16, 2016 – Today, the Centers for Medicare & Medicaid Services (CMS) and America’s Health Insurance Plans (AHIP) released a new list of clinical quality measures that support multi-payer alignment for physician quality programs. The measures were developed over the past 18 months by the Core Quality Measures Collaborative, a multi-stakeholder group led by AHIP, CMS and the National Quality Forum (NQF). The group worked with payers, providers, employers, consumers, and patient groups to identify core sets of quality measures that payers are committed to using, that are meaningful to patients and physicians, and that reduce variability in measure selection, administrative burden, and cost. The work will inform CMS’ implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) measures, and aims to establish widely agreed upon core measure sets that could be aligned across government and commercial payers.

Measure Development
The seven core measure sets include:

- ACOs, PCMHs, and Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics

Each core measure set includes several individual metrics with descriptions, level of provider analysis required, and notes on the measure’s development. With these new measures, the Collaborative aims to promote evidence-based measurement that supports consumer decision-making and value-based payment, while reducing the burden of multiple measure sets on providers.

Implementation
CMS is already using measures from each of the core sets and will work to further implement the measures in both the public and private sectors through several stages. On the public side, using the notice and public comment rule-making process, CMS will implement new core measures across applicable Medicare quality programs, while eliminating redundancies. CMS will also work with federal partners—including the Office of Personnel Management, Department of Defense, and Department of Veterans Affairs, as well as state Medicaid plans—to align measures where appropriate.

For implementation in the private sector, CMS will leverage the Health Care Payment Learning & Action Network (LAN), and will use MACRA’s funding to create and implement new measures that align with private payers. CMS and AHIP ask that commercial payers implement these core measure sets in new, existing, and renewing contracts, but understand that providers and payers will need to work together to create a reporting infrastructure for measures that require data extracted from EHRs, registries, or is self-reported.

The Core Quality Measures Collaborative plans to build out and refine its measures over time. In the near future, CMS will issue a public notice and request for comments before implementation of these core sets. More information on the measures can be found here.