

Quality Initiatives - General Information

About CMS' Center for Clinical Standards & Quality

CMS' Center for Clinical Standards & Quality (CCSQ), led by the CMS Chief Medical Officer and the CCSQ Leadership Team, is a cadre of professionals with diverse backgrounds in clinical, scientific, public health, legal, IT, project management, academic, and business management fields. We serve CMS, HHS, and the public as a trusted partner with a steadfast focus on improving outcomes, beneficiaries' experience of care, and population health, while also aiming to reduce healthcare costs through improvement.

About CMS' Quality Initiatives

Quality health care for people with Medicare is a high priority for the President, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). HHS and CMS began launching Quality Initiatives in 2001 to assure quality health care for all Americans through accountability and public disclosure.

The various Quality Initiatives touch every aspect of the healthcare system. Some initiatives focus on publicly reporting quality measures for nursing homes, home health agencies, hospitals, and kidney dialysis facilities. Consumers can use the quality measures information that is available on www.medicare.gov for these healthcare settings to assist them in making healthcare choices or decisions.

Request for Information: Transforming Clinical Practices

The Center for Medicare & Medicaid Services (CMS) seeks information about large scale transformation of clinician practices to accomplish our aims of better care and better health at lower costs. Practice Transformation is a process that results in observable and measurable changes to practice behavior.

These behaviors include core competencies: Engaged leadership and quality improvement; Empowerment and improved patient health outcomes; Business and Financial acumen; Continuous and team-based healing relationships that incorporate culture, values, and beliefs; Organized, evidence-based care; patient-centered interactions; Enhanced access; progression toward population based care management; State-of-the-art, results-linked, care; Intentional approach of practices to maximize the systematic engagement of patients and families; and Systematic efforts to reduce un-necessary diagnostic testing and procedures with little or no benefit.

CMS seeks responses to questions listed in Request for Information (RFI) which can be accessed through the download below. CMS may use this information collected through this RFI notice to test new payment and service delivery models. Please take the opportunity to respond to the questions most appropriate for your organization. All comments are requested in the described format to the designated CMS representative noted in the RFI by 11:59 pm Eastern on April 8, 2014.

CMS Quality Strategy

We are pleased to announce the CMS Quality Strategy, which is built on the foundation of the CMS Strategy and the HHS National Quality Strategy (NQS). The CMS Quality Strategy pursues and aligns with the three broad aims of the National Quality Strategy and its six priorities. Each of these priorities has become a goal in the CMS Quality Strategy. To learn more about the CMS Quality Strategy, and to provide feedback and public comment, please visit: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>.

Physician Quality Reporting System

Physicians and other eligible professionals can participate in the Physician Quality Reporting System by reporting quality measures information to CMS about specific services provided frequently to their Medicare patients with certain medical conditions. This information helps doctors measure the quality of care provided to Medicare beneficiaries. More information about it can be found at www.cms.gov/PQRS.

Quality Improvement Organizations

Successful quality initiatives rely on partnerships and support from many sources that encompass the healthcare community such as federal and State agencies, researchers and academic experts, stakeholder and consumer organizations, providers and advocates, and federal contractors such as Quality Improvement Organizations (QIOs). QIOs can assist Medicare beneficiaries and their caregivers understand and use quality measures information in their healthcare decision making process.

Quality Measures

CMS has developed a standardized approach for the development of quality measures that it uses in its quality initiatives. Known as the Measures Management System (MMS), this system is composed of a set of business processes and decision criteria that CMS funded measure developers follow in the development, implementation, and maintenance of quality measures.

Post Acute Care Reform Plan

CMS funded a project to review assessment approaches that could be used across post-acute settings to reduce care fragmentation and unsafe transitions, and to compare outcomes and costs for patients discharged to post acute care. It should be noted that the content of this report does not necessarily reflect the views or policies of the Department of Health and Human Services nor does mention of any trade names, commercial products, or organizations imply endorsement by the U.S. Government. CMS has developed a plan to improve Medicare's payment for post-acute care services and the coordination of these services. Post-acute care is care that is provided to individuals who need additional help recuperating from an acute illness or serious medical procedure.

Development of Quality Indicators for Inpatient Rehabilitation Facilities (IRFs)

The overall goal of this project was to assist CMS in developing appropriate measures to monitor and evaluate the quality of rehabilitation services provided to Medicare beneficiaries in IRFs. The key questions addressed by this report include: What are the expected outcomes of an inpatient rehabilitation stay? What factors affect those outcomes? Do we have appropriate measures of those relationships? And if not, what measures do we need? Funded by CMS, in considering these key questions, Research Triangle Institute (RTI) incorporated expertise from the field of physical medicine and rehabilitation services to develop measures specific to the rehabilitation field that would target these issues while still minimizing the administrative reporting burdens for providers.