



Working with Regulators: A Focus on CMS
An Educational Program of the
Cancer Policy Institute at the Cancer Support Community
in Partnership with Uniting a Community (UaC):
Policy, Advocacy, Education and Action Network

In Pursuit of Person-centered Cancer Care



Engaging Patients & Families

*Shari M. Ling, MD
CMS Deputy Chief Medical Officer
Center for Clinical Standards and
Quality*

*Cancer Policy Institute at the
Cancer Support Community
June, 2014*

Framing

- Patient-centered measures of cancer care are critical to incentivize improvement in the care for patients with cancer
- Most measures for Oncologists, radiation oncologists and Cancer hospitals have been measures of the technical approaches/processes that should lead to improved outcomes
- CMS would very much welcome input from the Cancer Support Community on the quality issues that most affect patients and caregivers that could inform our measure development efforts
- CMS is also working with external stakeholders, including private payers, to align on the best measures for use across settings. This alignment will reduce reporting burden for clinicians, and will ensure a consistent focus on the quality issues that matter most to patients.

Size and Scope of CMS Responsibilities

- **CMS is the largest purchaser of health care in the world.**
- **Combined, Medicare and Medicaid pay approximately one-third of national health expenditures (approx \$800B)**
- **CMS programs currently provide health care coverage to roughly 105 million beneficiaries in Medicare, Medicaid and CHIP; or roughly 1 in every 3 Americans.**
- **The Medicare program alone pays out over \$1.5 billion in benefit payments per day.**
- **Through various contractors, CMS processes over 1.2 billion fee-for-service claims and answers about 75 million inquiries annually.**
- **Millions of consumers will receive health care coverage through new health insurance exchanges authorized in the Affordable Care Act.**

Delivery system and payment transformation

Current State –

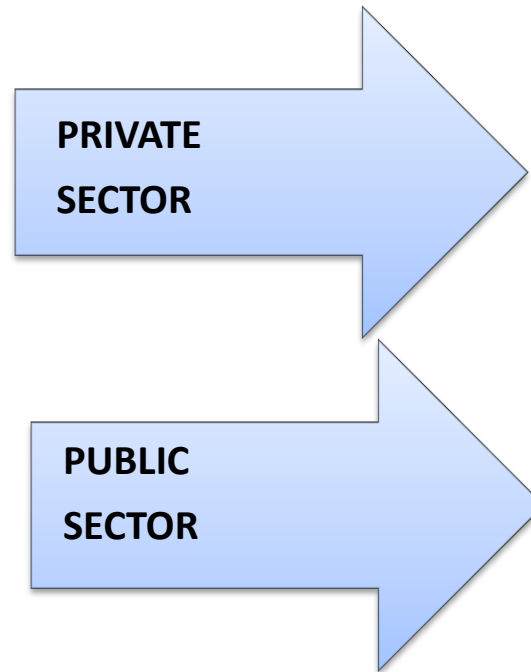
Producer-Centered

Volume Driven

Unsustainable

Fragmented Care

FFS Payment Systems



Future State –

People-Centered

Outcomes Driven

Sustainable

Coordinated Care

New Payment Systems (and many more)

- Value-based purchasing
- ACOs, Shared Savings
- Episode-based payments
- Medical Homes and care mgmt
- Data Transparency

Transformation of Health Care at the Front Line

- **At least six components**
 - **Quality measurement**
 - **Aligned payment incentives**
 - **Comparative effectiveness and evidence available**
 - **Health information technology**
 - **Quality improvement collaboratives and learning networks**
 - **Training of clinicians and multi-disciplinary teams**

Source: P.H. Conway and Clancy C. Transformation of Health Care at the Front Line. JAMA 2009 Feb 18; 301(7): 763-5

Questions to Run on...

- What are the outcomes that matter?
 - For patients, families, providers, systems
- How do we best align around those outcomes?
 - Within and across clinical care settings
 - Across research and health care
- What are the obstacles we need to overcome?

CMS Authorized Programs & Activities

Reducing & Preventing Health Care Associated Infections
 Reducing & Preventing Adverse Drug Events
 Community Living Council
 Multiple Chronic Conditions
 National Alzheimer's Project Act
 Partnership for Patients
 Million Hearts
 Data.gov

Accountable Care Organizations
 Community Based Transitions Care Program
 Dual eligible coordination
 Care model demonstrations & projects
 1115 Waivers

Fraud & Abuse Enforcement

National & Local decisions
 Mechanisms to support innovation (CED, parallel review, other)

Hospital Inpatient Quality Hospital Outpatient
 In-patient psychiatric hospitals
 Cancer hospitals
 Nursing homes
 Home Health Agencies
 Long-term Care Acute Hospitals
 In-patient rehabilitation facilities
 Hospices

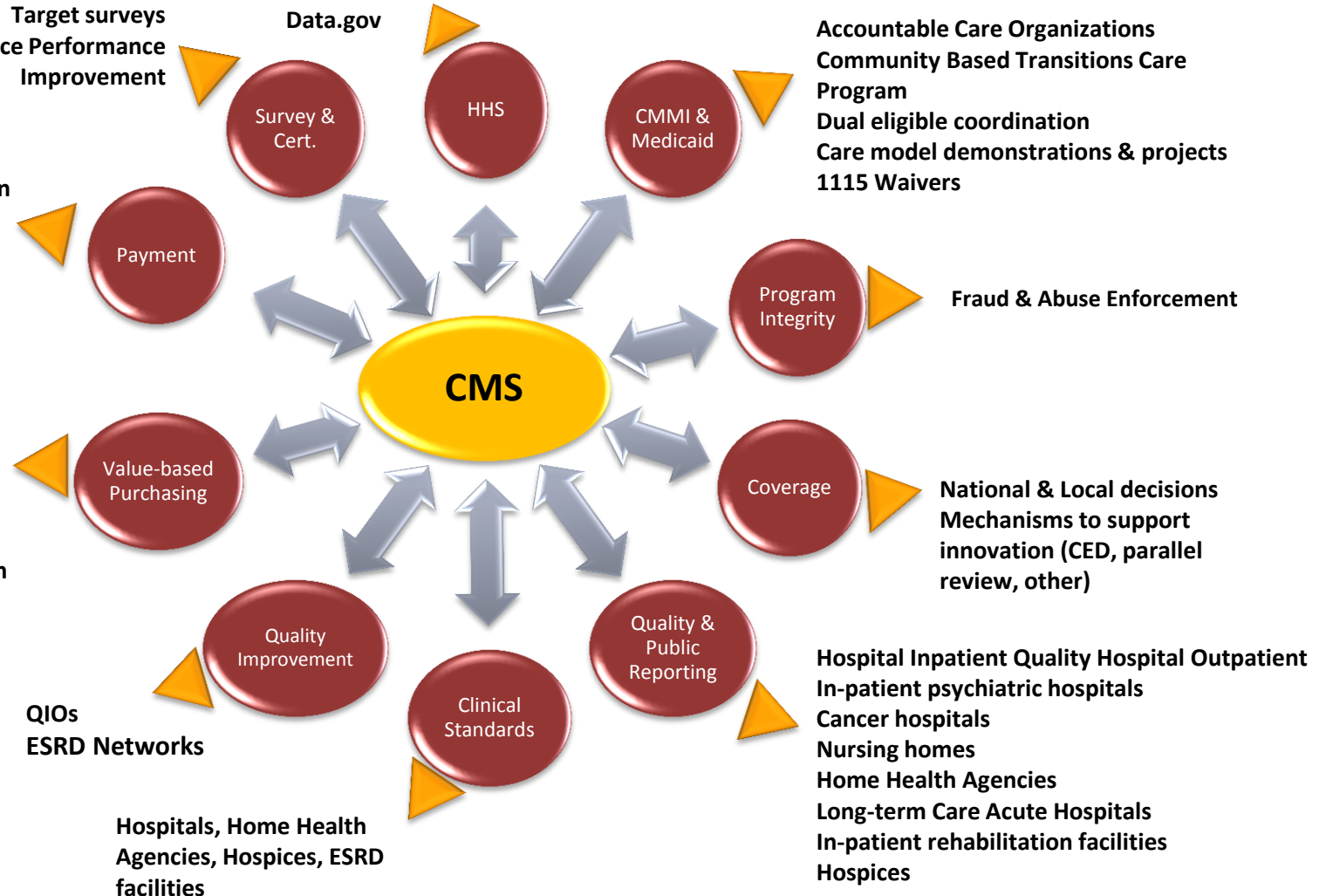
Target surveys
 Quality Assurance
 Performance Improvement

Coverage of services
 Physician Feedback report
 Quality Resource Utilization Report
 Hospital Readmissions Reduction Program
 Health Care Associated Conditions Program

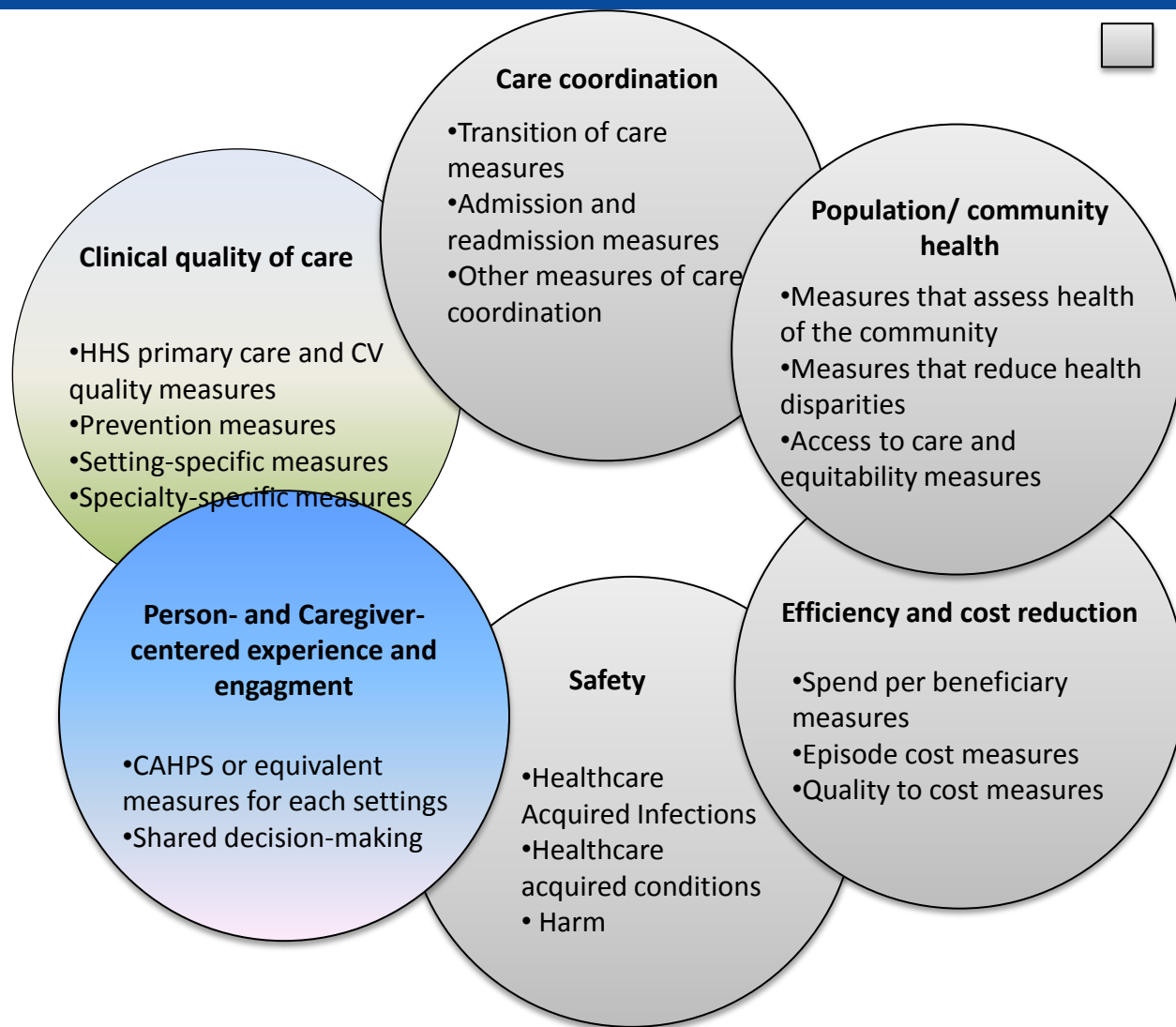
ESRD QIP
 Hospital VBP
 Physician value modifier
 Plans for Skilled Nursing Facilities, Ambulatory Surgical Centers


QIOs
 ESRD Networks

Hospitals, Home Health Agencies, Hospices, ESRD facilities



CMS framework for measurement maps to the six national priorities



 **Greatest commonality of measure concepts across domains**

- **Measures should be patient-centered and outcome-oriented whenever possible**
- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

CMS Quality Programs

| Hospital Quality Reporting | Physician Quality Reporting | PAC and Other Setting Quality Reporting | Payment Model Reporting | "Population" Quality Reporting |
|--|--|--|--|--|
| <ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PPS-Exempt Cancer Hospitals • Inpatient Psychiatric Facilities • Inpatient Quality Reporting • Outpatient Quality Reporting • Ambulatory Surgical Centers | <ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PQRS • eRx quality reporting | <ul style="list-style-type: none"> • Inpatient Rehabilitation Facility • Nursing Home Compare Measures • LTCH Quality Reporting • ESRD QIP • Hospice Quality Reporting • Home Health Quality Reporting | <ul style="list-style-type: none"> • Medicare Shared Savings Program • Hospital Value-based Purchasing • Physician Feedback/Value-based Modifier* | <ul style="list-style-type: none"> • Medicaid Adult Quality Reporting* • CHIPRA Quality Reporting* • Health Insurance Exchange Quality Reporting* • Medicare Part C* • Medicare Part D* |

* Denotes that the program did not meet the statutory inclusion criteria for pre-rulemaking, but was included to foster alignment of program measures.

PCHQR – Background

- **PCHQR Statutory Authority and Initial Implementation Date**
 - Section 3005 of the Patient Protection and Affordable Care Act (ACA)
 - Implemented October 1, 2012
- **Statutory Authority for Medicare Fee-for-Service Payment**
 - Section 1886 (d)(1)(B)(v) of the Social Security Act excludes 11 cancer hospitals as designated by Congress from payment under the Inpatient Prospective Payment System (IPPS)
- **List of PCHs:**

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/PPS_Exc_Cancer_Hospasp.html

Existing PCHQR Measures

SCIP (6)

- Surgery Patients who Received Appropriate VTE Prophylaxis within 24 Hrs Prior to Surgery to 24 Hrs After Surgery End Time
- Urinary Catheter Removed on Post-Operative Day 1 or Post-Operative Day 2 with Day of Surgery Being Day Zero
- Prophylactic Antibiotic Received Within 1 Hr Prior to Surgical Incision
- Prophylactic Antibiotic Selection for Surgical Patients
- Prophylactic Antibiotics Discontinued Within 24 Hrs After Surgery End Time
- Surgery Patients on Beta Blocker Therapy Prior to Admission who Received a Beta Blocker During the Perioperative Period

Clinical Process / Oncology Care (5)

- Oncology-Radiation Dose Limits to Normal Tissues
- Oncology: Plan of Care for Pain
- Oncology: Pain Intensity Quantified
- Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients
- Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients

Safety and Healthcare Associated Infection – HAI (3)

- NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
- Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure

Clinical Process / Cancer-specific Treatments (3)

- Adjuvant Chemotherapy is Considered/Administered Within 4 Months of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer
- Combination Chemotherapy is Considered/Administered Within 4 Months of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer
- Adjuvant Hormonal Therapy

Patient Engagement / Experience of Care (1)

- HCAHPS

Value-Based Purchasing

- Goal is to reward providers and health systems that deliver better outcomes in health and health care at lower cost to the beneficiaries and communities they serve.
- Hospital value-based purchasing program shifts approximately \$1 billion based on performance
- Five Principles
 - Define the end goal, not the process for achieving it
 - All providers' incentives must be aligned
 - Right measure must be developed and implemented in rapid cycle
 - CMS must actively support quality improvement
 - Clinical community and patients must be actively engaged

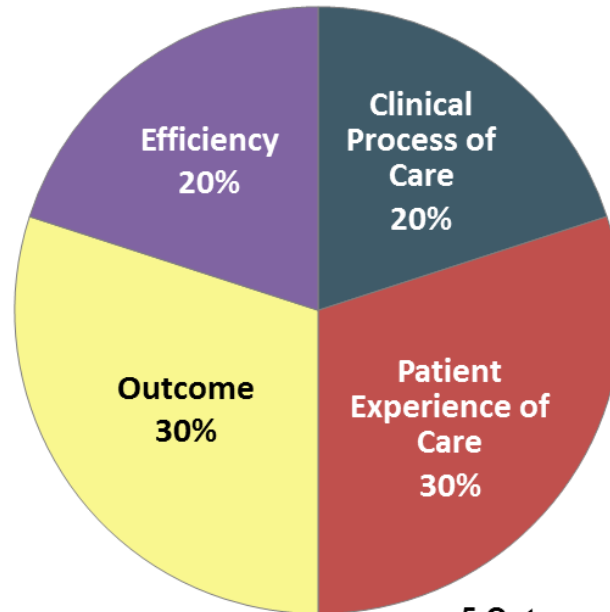
VanLare JM, Conway PH. Value-Based Purchasing – National Programs to Move from Volume to Value. NEJM July 26, 2012

FY 2015 Finalized Domains and Measures/Dimensions

12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
10. SCIP-Inf-9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Domain Weights



8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

5 Outcome Measures

1. MORT-30-AMI – Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF – Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN – Pneumonia (PN) 30-day mortality rate
4. **PSI-90 – Patient safety for selected indicators (composite)** ★
5. **CLABSI – Central Line-Associated Bloodstream Infection** ★

1 Efficiency Measure

1. **MSPB-1 Medicare Spending per Beneficiary measure** ★



★ Represents a new measure for the FY 2015 program that was not in the FY 2014 program.

Patient Experience of Care Measures

- HCAHPs used for Hospital VBP – weighted at 30% of total score starting in FY 2015
- CG-CAHPS used in the PQRS, ACO and Physician VM programs for groups of 25 or more
 - CMS is exploring expansion of this measure for all clinicians
- CAHPS measures are in use or in development for every setting of care
 - Post Acute Care (LTCH, IRF, Home Health)
 - In-Center Dialysis
- First caregiver experience measure implemented in the Hospice quality reporting program

Value-Based Purchasing Program Objectives over Time

Towards Attainment of the Three-part Aim

Initial programs FY2012-2013

- Limited to hospitals (HVBP) and dialysis facilities (QIP)
- Existing measures providers recognize and understand
- Focus on provider awareness, participation, and engagement
- SNF and HH VBP Plans

Near-term programs FY2014-2016

- Expand to include physicians
- New measures to address HHS priorities
- Increasing emphasis on patient experience, cost, and clinical outcomes
- Increasing provider engagement to drive quality improvements, e.g., learning and action networks

Longer-term FY2017+

- VBP measures and incentives aligned across multiple settings of care and at various levels of aggregation (individual physician, facility, health system)
- **Measures are patient-centered and outcome oriented**
- Measure set addresses all 6 national priorities well
- Rapid cycle measure development and implementation
- Continued support of QI and engagement of clinical community and patients
- Greater share of payment linked to quality

Vision for VBP



Search NQF Website

- Setting Priorities
- Measuring Performance
- Topics
- News & Resources
- Events
- Membership



- QPS Home
- Find Measures
- Browse Portfolios
- Give Feedback
- About QPS
- Help

Welcome to QPS - the most reliable source for finding all NQF-endorsed® measures.

[Find measures now.](#)

Quality Positioning System
POWERED BY THE NATIONAL QUALITY FORUM

Driving Toward Measurement

MEASURES SEARCH

Search as Phrase

[Search](#)



Search: Search as Phrase

Measures (71) Portfolios (107) Compare ? Results Per Page: 25 ▾

| Narrow Your Search | | Clear All Cancer x | | | | |
|---|--|-------------------------------|---|---|--------------|----------|
| Show: | | NQF# | Title | Steward | Updated | Status |
| <input checked="" type="radio"/> NQF-Endorsed <input type="radio"/> No longer NQF-Endorsed <input type="radio"/> All Your search term matches a Clinical Condition/ Topic Area. <input checked="" type="checkbox"/> Measure Steward <input checked="" type="checkbox"/> National Quality Strategy Priorities <input checked="" type="checkbox"/> Use in Federal Program <input checked="" type="checkbox"/> Actual/Planned Use <input checked="" type="checkbox"/> Care Setting <input checked="" type="checkbox"/> Clinical Condition/ Topic Area <input checked="" type="checkbox"/> Cross-Cutting Area <input checked="" type="checkbox"/> Data Source <input checked="" type="checkbox"/> Level of Analysis <input checked="" type="checkbox"/> Measure Status <input checked="" type="checkbox"/> Measure Type <input checked="" type="checkbox"/> Target Population <input type="checkbox"/> eMeasure Available | | <input type="checkbox"/> 0223 | Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer | Commission on Cancer, American College of Surgeons | Oct 22, 2012 | ENDORSED |
| | | <input type="checkbox"/> 0220 | Adjuvant hormonal therapy | Commission on Cancer, American College of Surgeons | Oct 22, 2012 | ENDORSED |
| | | <input type="checkbox"/> 2020 | Adult Current Smoking Prevalence | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion | Oct 19, 2012 | ENDORSED |
| | | <input type="checkbox"/> 0566 | Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | Oct 30, 2009 | ENDORSED |
| | | <input type="checkbox"/> 0464 | Anesthesiology and Critical Care: Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC) Insertion Protocol | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | Jul 31, 2008 | ENDORSED |
| | | <input type="checkbox"/> 0579 | Annual cervical cancer screening or follow-up in high-risk women | Resolution Health, Inc. | May 02, 2012 | ENDORSED |
| | | <input type="checkbox"/> 0225 | At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. | Commission on Cancer, American College of Surgeons | Oct 22, 2012 | ENDORSED |
| | | <input type="checkbox"/> 1854 | Barrett's Esophagus | College of American Pathologists | Feb 25, 2014 | ENDORSED |
| | | <input type="checkbox"/> 0391 | Breast Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | May 06, 2014 | ENDORSED |
| | | <input type="checkbox"/> 0559 | C0559: Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer. | American College of Surgeons | Oct 22, 2012 | ENDORSED |
| | | <input type="checkbox"/> 0032 | Cervical Cancer Screening (CCS) | National Committee for Quality Assurance | Jan 06, 2014 | ENDORSED |
| | | <input type="checkbox"/> 0429 | Change in Basic Mobility as Measured by the AM-PAC: | CREcare | Jul 31, 2008 | ENDORSED |
| | | <input type="checkbox"/> 0379 | Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | Oct 30, 2013 | ENDORSED |

cancer



Search as Phrase

Measures (6)

Portfolios (107)

Compare

Add to Compare Add to Portfolio Export Save Search as Portfolio ?

Results Per Page: 25 ▾

Narrow Your Search

- Show:
- NQF-Endorsed
 - No longer NQF-Endorsed
 - All
- Your search term matches a Clinical Condition/ Topic Area.
- Measure Steward
 - National Quality Strategy Priorities
 - Use in Federal Program
 - Actual/Planned Use
 - Care Setting
 - Clinical Condition/ Topic Area
 - Cross-Cutting Area
 - Data Source
 - Level of Analysis
 - Measure Status
 - Measure Type
 - Target Population
- eMeasure Available

| Clear All | | Affordable Care x | Effective Communication and Care Coordination x | Health and Well-Being x | Patient Safety x | Person- and Family-Centered Care x | Prevention and Treatment of Cardiovascular Disease x | Cancer x |
|-------------------------------|--|--|---|-------------------------|------------------|------------------------------------|--|----------|
| <input type="checkbox"/> NQF# | Title | Steward | | | | Updated | Status | |
| <input type="checkbox"/> 0032 | Cervical Cancer Screening (CCS) | National Committee for Quality Assurance | | | | Jan 06, 2014 | ENDORSED | |
| <input type="checkbox"/> 0034 | Colorectal Cancer Screening (COL) | National Committee for Quality Assurance | | | | Jan 06, 2014 | ENDORSED | |
| <input type="checkbox"/> 0385 | Oncology: Chemotherapy for AJCC Stage III Colon Cancer Patients | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | | | | Oct 30, 2013 | ENDORSED | |
| <input type="checkbox"/> 0387 | Oncology: Hormonal therapy for stage IIC through IIIC, ER/PR positive breast cancer | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | | | | Oct 30, 2013 | ENDORSED | |
| <input type="checkbox"/> 0384 | Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383) | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | | | | Oct 30, 2013 | ENDORSED | |
| <input type="checkbox"/> 0389 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI) | | | | Feb 25, 2014 | ENDORSED | |

Give Feedback

NQF: Multiple Chronic Conditions (MCC) Measurement Framework

| High-Leverage MCC Measure Concepts | National Quality Strategy Priorities | Corresponding High Priority Illustrative Measures |
|--|---|---|
| Optimizing function, maintaining function, or preventing further decline in function | Enable healthy living; optimize function | <ul style="list-style-type: none"> Long-stay nursing home residents with moderate-severe pain Long-stay nursing home residents with depressive symptoms Change in basic mobility or function for post-acute care |
| Seamless transitions between multiple providers and sites of care | Effective communication and coordination of care | <ul style="list-style-type: none"> Care Transition Measure—CTM-3 Transition record with specified elements received by discharged patients |
| Patient important outcomes (includes patient-reported outcomes and relevant disease-specific outcomes) | Prevention and treatment of leading causes of mortality | <ul style="list-style-type: none"> Health outcomes—mortality and morbidity |
| Avoiding inappropriate, non-beneficial care, including at the end of life | Make care safer | <ul style="list-style-type: none"> Hospice patients who didn't receive care consistent with end-of-life wishes CARE mortality follow back survey of bereaved family members Inappropriate non-palliative services at end of life |
| Access to a usual source of care | Effective communication and coordination of care | <ul style="list-style-type: none"> People unable to get or delayed getting needed medical care, dental care or prescription medications Access problems due to cost |
| Transparency of cost (total cost) | Making quality care more affordable | <ul style="list-style-type: none"> Average annual expenditures per consumer unit for healthcare Consumer price indexes of medical care prices Personal health care expenditures, by source of funds |
| Shared accountability across patients, families, and providers | Effective communication and coordination of care | <ul style="list-style-type: none"> Children with effective care coordination and with a medical home |
| Shared decision-making | Person- and family-centered care | <ul style="list-style-type: none"> Persons whose healthcare providers always involve them in decisions about their healthcare as much as they wanted |

CMS Activities on Patient Reported Outcome Measures

- In 2012, CMS funded the NQF to develop guidance on development of PROMs
- CMS currently uses a number of PROMs in our clinician reporting programs (e.g. depression, functional status)
- CMS and HHS working to identify existing PROMs that can be rapidly incorporated into our quality reporting programs, including the ACO program and CMMI models.
- CMS and ONC are currently developing PROMs for the hospital and outpatient setting
 - Disease-specific functional status
 - General functional status
- CMS now includes patients in all measure development work, in order to understand the outcomes that are most important to patients and families

The Future of Quality Measurement for Improvement and Accountability

- **Meaningful quality measures increasingly need to transition away from setting-specific, narrow snapshots**
- **Reorient and align measures around patient-centered outcomes that span across settings**
- **Measures based on patient-centered episodes of care**
- **Capture measurement at 3 main levels (i.e., individual clinician, group/facility, population/community)**
- **Why do we measure?**
 - **Improvement**

Source: Conway PH, Mostashari F, Clancy C. The Future of Quality Measurement for Improvement and Accountability. JAMA 2013 June 5; Vol 309, No. 21 2215 - 2216



- **Becoming a Member:** Interested orgs can apply for membership- directed to healthcare stakeholders, consumer orgs, public and private purchasers, doctors, etc. NQF members can participate on committees and panels.
http://www.qualityforum.org/Membership/Join_NQF.aspx
- **Providing Feedback on NQF Measures:** NQF has a tool, the Quality Position System (QPS), that allows feedback on NQF-endorse measures by measure implementers and users. Users can request an ad-hoc review, submit measure use info, and general feedback.
http://www.qualityforum.org/Field_Guide/Feedback.aspx



- **Public and Member Comments on Draft Reports:** Both NQF members and the general public can review and comment on a steering committee's draft report. This process is only open for 30 days.
http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process%e2%80%99s_Principle/Public_and_Member_Comment.aspx
- **Submitting Candidate Standards for Consideration:** Interested stewards and/or developers of performance may submit standards for consideration by the NQF. Again, this process is not directed towards patients or their families.
http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx

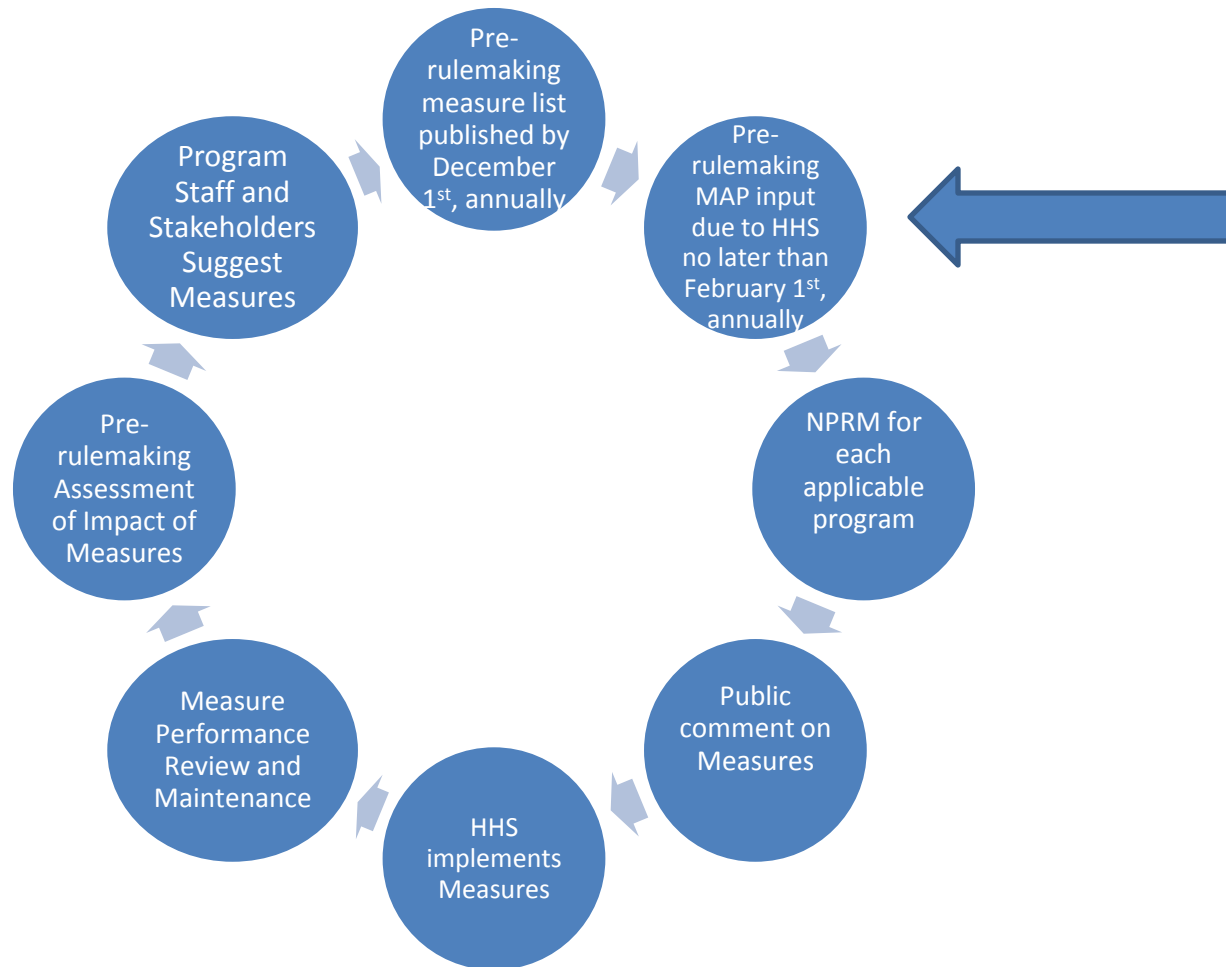
Affordable Care Act Statutory Requirements

Making publicly available by December 1st annually a list of measures under consideration by HHS for qualifying programs;

- Convening multi-stakeholder groups to provide input on the selection of quality and efficiency measures under consideration by HHS;
- Transmission of that input to HHS no later than February 1st of each year;
- Consideration of that input by HHS;
- Publishing rationale for the selection of any quality and efficiency measures not endorsed by the National Quality Forum (NQF); and
- Assessing the impact of the use of endorsed quality and efficiency measures at least every three years (The first report was released to the public in March of 2012. The next impact assessment report is scheduled for release in March of 2015.).

Measure Selection Process

Measure Implementation Cycle



Our Goals for this Process

- To obtain expert multi-stakeholder input on quality and efficiency measures considered for implementation in programs by the Secretary for the 2014 Federal rulemaking process
 - Which measures should we propose in programs?
 - What are the high priority measures?
 - What are the gaps and how will we fill those gaps in the future?

Balancing Measurement Goals

Achieve high participation rates by providers

- Enable improvement and assess the performance of all providers and to empower patients with this information.

Align reporting requirements with National Quality Strategy priorities

- Address and measure high priority conditions and domains in order to provide a comprehensive assessment of the quality of health care delivered.

Increase the reporting of quality data by providers and more rapid feedback loops

- Drive quality improvement of the healthcare delivery system

Increase EHR and registry reporting for quality reporting programs

- Improve quality of care through the meaningful use of EHRs and use of registry-based measures.

Increase patient-centered outcome measures, including patient reported measures

- Ensure measurement focus is on patients , includes information derived from patients, and is useful to patients

Increase the transparency, availability, and usefulness of quality data

- Empower providers and the public with information to make informed decisions and drive quality improvement (e.g., Compare sites)

Cancer Hospital Quality Reporting

- Late April proposed rule publication of CMS's policy on cancer services and treatment
- Public comment and feedback 60 days after NPRM published
 - Submitted to <http://www.regulations.gov/#!home>. Public has 60 days to provide their feedback and comments.
- CMS will answer the public comments in the final rule—usually sometime in early August.
- Additional resources:
<http://www.reginfo.gov/public/jsp/Utilities/faq.jsp>;
<http://www.archives.gov/federal-register/tutorial/online-html.html>



- **General Outreach & Education:** CMS has a list of their outreach and training programs. Most are directed towards stakeholders who work with CMS.
<http://cms.hhs.gov/Outreach-and-Education/Outreach-and-Education.html>
- **Sharing an Idea with CMMI:** On CMMI's site, anyone is able to share an idea that would provide better care, lower costs, improve the system, etc.
<http://innovation.cms.gov/Share-Your-Ideas/index.html>

Opportunities and Challenges of a Lifelong Health System

- **Goal of system to optimize health outcomes and lower costs over much longer time horizons**
- **Payers, including Medicare and Medicaid, increasingly responsible for care for longer periods of time**
- **Health trajectories modifiable and compounded over time**
- **Importance of early years of life**

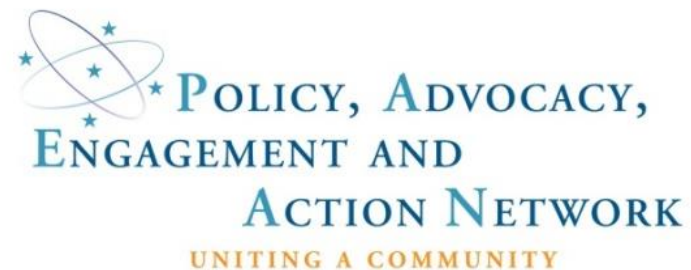
Source: Halfon N, Conway PH. The Opportunities and Challenges of a Lifelong Health System. NEJM 2013 Apr 25; 368, 17: 1569-1571

Discussion

- What are the outcomes that matter?
 - For patients, families, providers, systems
- How do we best align around those outcomes?
 - Within and across clinical care settings
 - Across research and health care
- What are the obstacles we need to overcome?

Contact Information

Shari M. Ling, MD
CMS Deputy Medical Officer
410-786-6841
shari.ling@cms.hhs.gov



Working with Regulators: A Focus on CMS
was made possible thanks to the support of GlaxoSmithKline