

Group Medicare Insights: Plan quality, design, and performance

Everything plan sponsors need to know about the CMS Universal Foundation







Launched in 2022, the Centers for Medicare and Medicaid Services (CMS) National Quality Strategy aims to improve quality and safety across the healthcare system while addressing the need to establish a more equitable and outcome-based system for all individuals. The 2022 strategy builds on previous efforts while leveraging insights gleaned from the COVID-19 public health emergency.

The CMS National Quality Strategy adopts a holistic approach that considers an individual's lifetime journey across the entire continuum of care, from home or community-based settings to hospital or post-acute care. The strategy also accounts for all payer types, including Medicare Advantage, Traditional Medicare, Medicaid, Children's Health Insurance Program (CHIP), and Marketplace coverage.

The vision of the National Quality Strategy is to deliver high-quality, safe, accessible, and equitable care for everyone.

What is the Universal Foundation of quality measures?

To help advance the goals of the National Quality Strategy, CMS introduced a "Universal Foundation" of quality measures in 2023. Quality measures are tools used to assess and compare the quality of different healthcare organizations. CMS uses quality measures in its quality improvement, public reporting, and pay-for-reporting programs for healthcare providers.

The Universal Foundation addresses the need to strike a balance between measuring important aspects of quality in the healthcare system while maintaining a streamlined set of measures. The purpose of the Universal Foundation is to promote alignment across CMS programs while minimizing the proliferation of quality measures. The Universal Foundation will apply to as many CMS quality rating and value-based care programs as possible, with additional measures added as needed.

Why is a Universal Foundation important?

While the introduction of quality measures more than 20 years ago has resulted in greater accountability and transparent quality performance information, an ever-expanding number of measures has led to confusion and a larger burden on providers. CMS operates more than 20 quality programs, and each program has its own set of quality measures. While some measures are consistent across programs, many are not. A lack of alignment creates challenges for clinicians, healthcare facilities, and insurers when it comes to determining which outcomes to prioritize. Misalignment of measures also renders it difficult to make quality and equity comparisons across programs and settings.

A Universal Foundation resolves the issue of alignment and focuses provider attention on the most meaningful measures to drive quality improvements. This is key to fulfilling the CMS vision of promoting high-quality, safe, and equitable care.

What are the goals of the Universal Foundation?

The Universal Foundation of quality measures is intended to:

- Improve health outcomes by focusing provider attention on high-priority areas and meaningful measures
- Reduce provider burden by streamlining and aligning quality measures across programs
- Improve standardization of measurement
- Prioritize development of interoperable digital quality measures
- Allow for comparisons across programs
- Help identify measurement gaps
- Identify disparities in care

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What are the selection criteria for Universal Foundation quality measures?

Quality measures that will be included in the Universal Foundation must:

- Be of high national impact
- Lend itself to benchmarking both nationally and globally
- Be applicable to multiple populations and settings
- Be appropriate for stratification to identify disparity gaps
- Have scientific acceptability
- Be feasible and computable (or capable of becoming digital)
- Have no unintended consequences

What are the next steps for the Universal Foundation?

The Universal Foundation can be expected to evolve over time in various ways:

- CMS will develop setting- and population-specific "add on" quality measures.
- When goals are met, measures may be replaced or removed.
- Measures may be added to assess quality across the care continuum.
- The CMS Center for Medicare & Medicaid Innovation (CMMI) will test new and innovative measures.

Sources:

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