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Groundbreaking Multi-Payer Alignment on Core Measures for Quality-Based Payments

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For too long, health industry stakeholders have bandied about massive amounts of information that could not be used in a comparative sense. Both public and private payers had their own proprietary reporting metrics, providers banged their heads against the wall chasing all those different metrics, and consumers had no actionable information, leaving them to seek care from providers they "like."

Last week, the Core Quality Measures Collaborative, led by ***America's Health Insurance Plans (AHIP)*** and its member plans' Chief Medical Officers, leaders from CMS and the National Quality Forum (NQF), as well as national physician organizations, employers and consumers, released seven sets of clinical quality measures. The measures signal, for the first time, multi-payer alignment on core measures for a provider quality program.

The Collaborative recognized a need for information about health care quality that could be used to inform the decisions of consumers, employers, physicians and other clinicians, and policymakers. With this agreement, there is a real opportunity for all stakeholders to have truly comparable information. The new core measure sets focus on the following areas:

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

The core measure sets were designed to be meaningful to patients, consumers, and providers, and

to:

- Promote evidence-based measures that generate valuable information for quality improvement;
- Aid in consumer decision-making and value-based payment and purchasing;
- Reduce variability in measure selection;
- Decrease provider reporting burden and cost; and
- Be able to be used by both commercial and government payers.

CMS has already been working to align the measures across its public programs and plans to go through a public notice and comment rule-making to implement these core sets. Further, CMS is working to incorporate the measures across HHS to align public and private sectors as well as other federal partners including OPM, DoD, VA, and state Medicaid plans. CMS will update this page as the comment periods open. Private payers will likely use a phased-in approach to implementation, updating contracts with providers as they are renewed going forward.

Most Americans would agree that they should be able to compare quality when considering doctors the way they compare quality when shopping for cell phones or cars or shoes. However, it is important to remember that people pay more for the newest cell phones, luxury cars, and designer brand shoes. Generally speaking, current health care payment systems do not allow for significant variation for payment between providers. With comparative information in hand, we might start seeing payment variations based on the outcomes found in the new, comparable quality metrics.

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