CMS, AHIP release new quality measures for physicians

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By Matt Kuhrt

The healthcare industry's move to value-based care has so far been long on ambition and short on detail. The Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP) have finally begun to flesh out some of those details by unveiling the first sets of core measures for quality care.

The Core Quality Measures represent a collaborative effort to design and implement a standard set of metrics across payers, according to AHIP. Providers who have been forced to report different quality metrics on a payer-by-payer basis should see a reduced administrative burden as CMS and private payers move to the common system.

"The collaborative's efforts are a critical step forward in improving health outcomes and quality care for patients," Carmella Bocchino, executive vice president of AHIP, said in a statement. "This process will ensure measures and reporting are consistent across programs in both the private and public sectors."

The seven new measure sets include metrics for accountable care organizations/patient-centered medical homes, primary care cardiology, gastroenterology, HIV/hepatitis C, medical oncology, orthopedics, obstetrics and gynecology.

The announcement marks a major step in the transition from the traditional fee-for-service model that has long prevailed among medical providers. Reimbursing physicians for services may not be the most efficient way to provide quality care, but it's a straightforward metric to define, price and deliver. While improved quality of care provides an attractive philosophical underpinning for a value-based care model, it's very difficult for practices to take pragmatic steps toward improving their quality of care without knowing how payers define quality and, more importantly, how they intend to measure it.

"Our healthcare system urgently needs measurement that drives improvements in quality, supports informed consumer decision-making and ensures we're paying for and incentivizing high-value care. What we released today is a start at achieving consensus on the best measures, but we need to continue pushing for even better ones," said Debra L. Ness, president of the National Partnership for Women & Families in an announcement.

CMS has already implemented measures from each of the seven core sets in its programs, and plans to continue to implement new core measures across its programs while eliminating redundant measures. Meanwhile, commercial payers will phase the new measurements in as a part of their natural contract renewal cycles.

While the new measures give definition and direction to a more general value-based payment model, CMS stresses that they are not set in stone. Over the course of the upcoming year, the agency will be soliciting public input on the measures included in the core measure sets.

Blair Childs, senior vice president of public affairs for Premier Inc., hailed the development as "a good first step," adding that "it will be important that all measures be subject to public comment and measures testing to ensure scientific validity and avoid any unintended consequences, particularly before they are used to determine provider payment."