Moving to Digital Quality Measurement

Alternative payment model (APM) participants, including accountable care organizations (ACOs), must exceed certain targets measuring quality care to be eligible to share in savings to Medicare they generate through better coordinated patient care and improved health outcomes, compared to their fee-for-service counterparts. This incentivizes APMs to deliver high-quality, cost-effective care.

Unfortunately, most quality measures are currently based on claims and administrative data, limiting the ability to measure many aspects of health care quality.

The Centers for Medicare & Medicaid Services (CMS) has recognized this and has signaled plans to move to digital quality measures (dQMs). Digital measures have the potential to be significantly less expensive and burdensome to report than traditional measures. A thoughtful approach to implementation will be critical to success. Achieving long-term savings will require upfront investment in the required infrastructure and testing to ensure reporting is seamless and accurate.

The Promise of Tech-Enabled Quality Measurement

- Increased precision and validity of reported results using digital data sources.
- Seamlessly integrated data from multiple sources, rooted in Fast Healthcare Interoperability Resources (FHIR), to support quality measurement and clinical decision making at the point of care.
- Better measurement of population health goals.

Limitations in the Current State

- Significant staff effort and expense to collect, exchange, manage, and analyze data manually across health care settings and electronic health record (EHR) systems.
- Resources diverted away from patient care as ACOs invest significant time and resources to integrate disparate data sources into discrete, extractable fields within EHRs.
- Wasted efforts to build and refine manual reporting once industry transitions to FHIR-based reporting.

Congress Can Support a Smooth and Efficient Transition to Digital Quality Measurement

Support H.R. 5347, the Health Care Efficiency Through Flexibility Act, which addresses challenges in the current state, includes a glidepath for implementation, and requires CMS to pilot dQMs with a cohort of ACOs.

CMS and the Office of the National Coordinator on Health IT must ensure the EHR certification criteria support APMs, dQMs, and electronic clinical quality data. Certified EHR Technology (CEHRT) requirements should standardize the capture and reporting of individual data elements across vendor systems to reduce burden on clinicians and increase data integrity.

Congress should provide incentives to participate in pilot tests, such as exemptions from existing reporting requirements, with additional incentives for small practices, FQHCs, and rural providers.

Contact advocacy@naacos.com for more information.