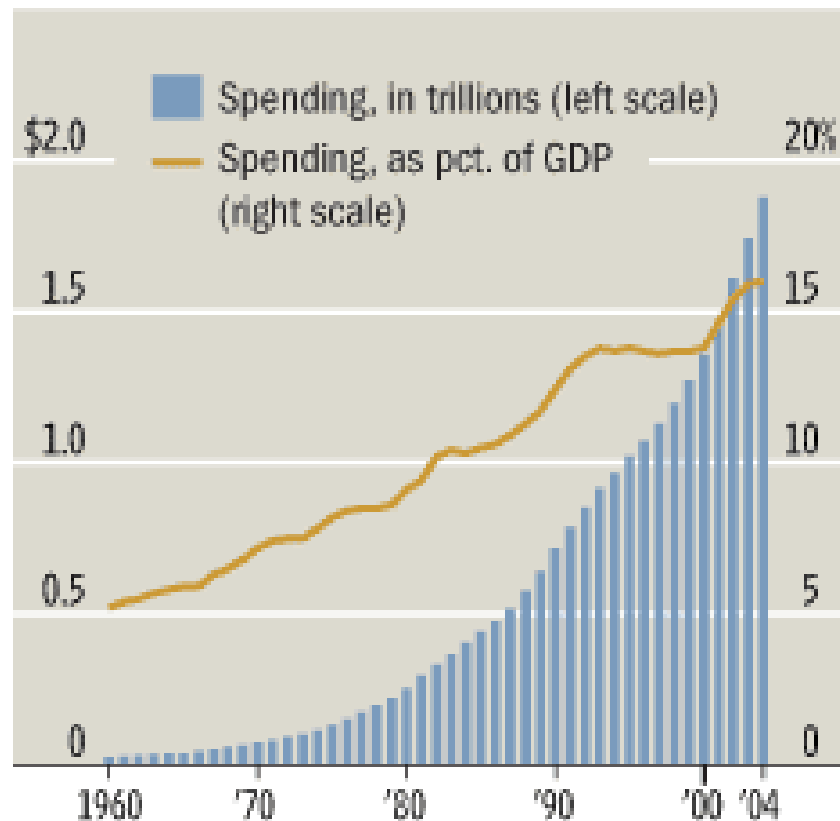


The CMS Perspective on Quality

The background is a solid teal color. In the lower half, there is a faint, semi-transparent image of two hands shaking, symbolizing agreement or partnership. The hands are rendered in a lighter shade of teal, creating a subtle watermark effect.

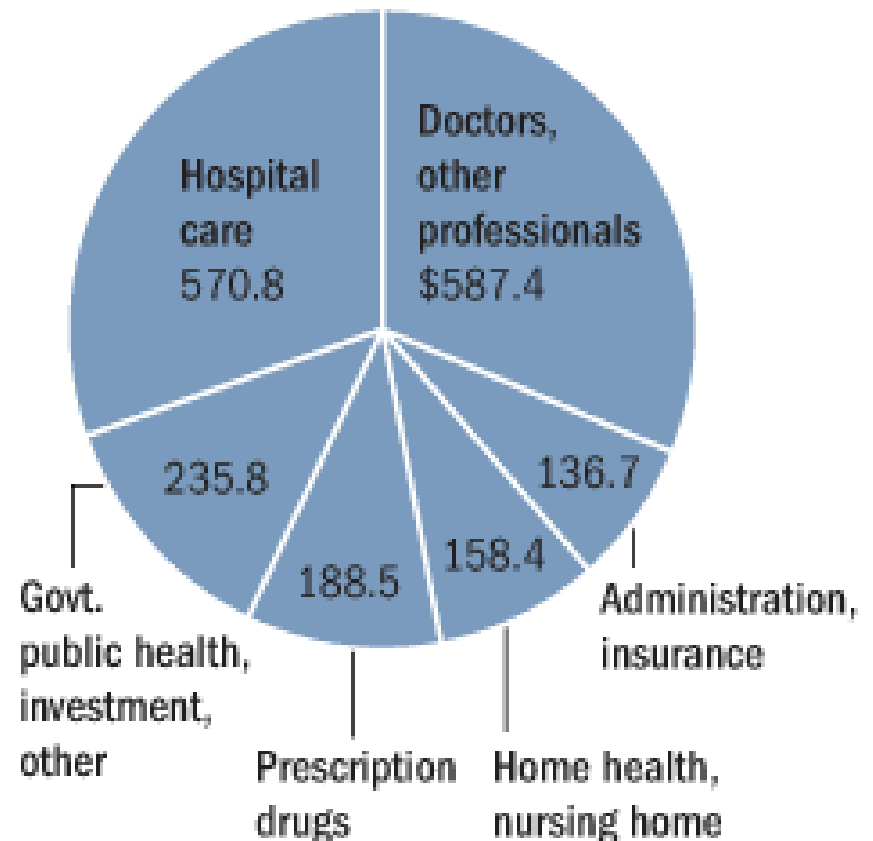
Health-Care Spending, American-Style

Up, up and still up

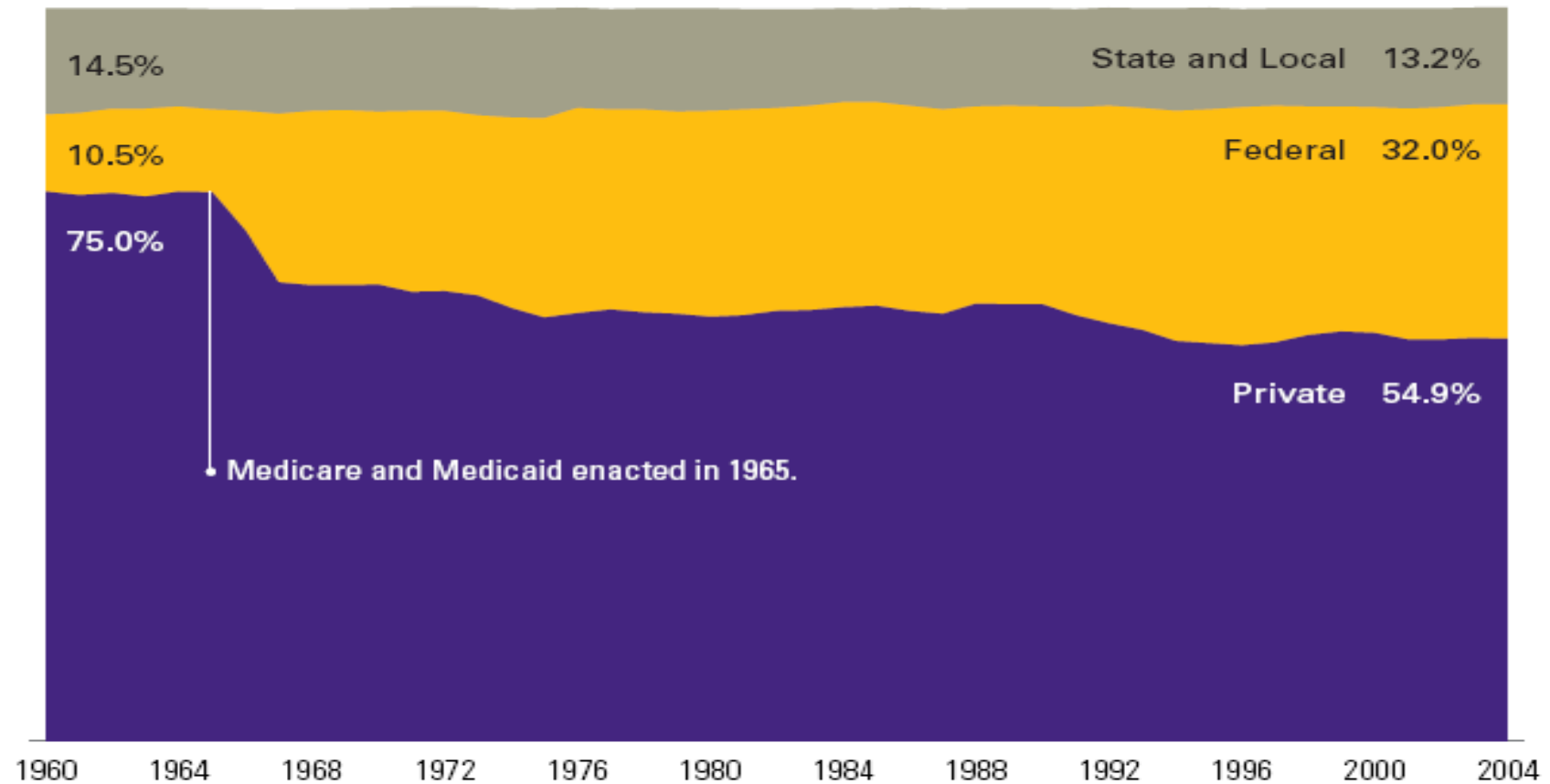


Source: Centers for Medicare & Medicaid Services

Where the money goes, in billions



Historic Payment Sources



Notes: Chart reflects national health expenditures (NHE) by source of funds. Some years don't add to 100 percent due to rounding.
Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary.

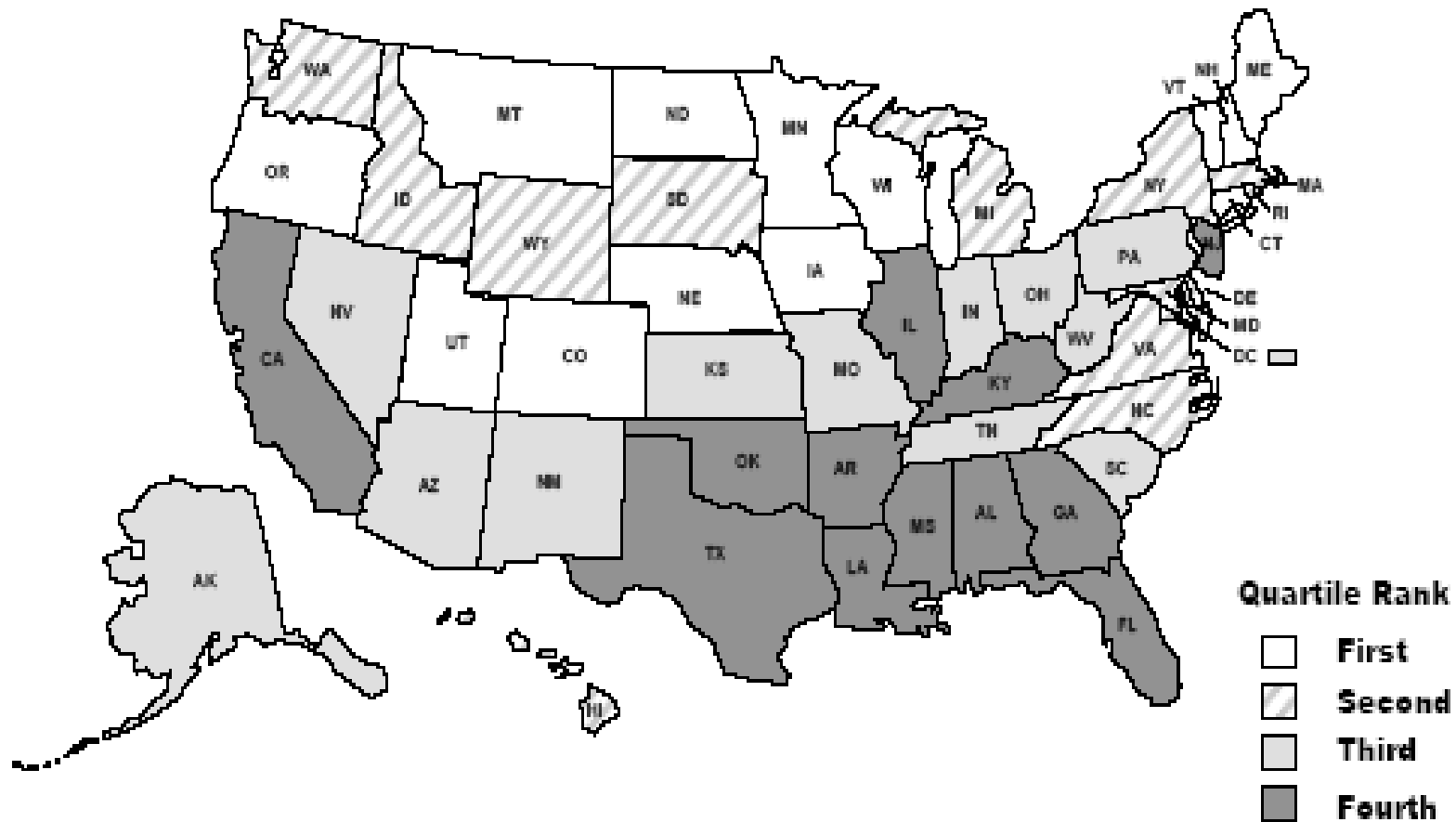
US Dental Expenditures 2008

- Total US dental spending = \$101.2 Billion
- Total spent by Private Insurance = \$44.6 Billion
- Total out of pocket dental spending = \$49.2 Billion
- Total dental spending by Medicare = \$200 million
- Total dental spending by Medicaid = \$6.0 Billion.

(CMS Health Accounts Data)

<http://www.cms.hhs.gov/NationalHealthExpendData/downloads/nheprojections2004-2014.pdf>

Performance on Medicare Quality Indicators, 2000-2001



Source: S. F. Jencks, E. D. Huff, and T. Cuerdon, "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001," *Journal of the American Medical Association* 289 (Jan. 15, 2003): 305-312.

CMS Quality Roadmap

- **VISION:** *The right care for every person every time*
 - *Make care:*
 - *Safe*
 - *Effective*
 - *Efficient*
 - *Patient-centered*
 - *Timely*
 - *Equitable*

CMS Quality Roadmap: Strategies

1. Work through partnerships to achieve specific quality goals
2. Publish quality measurements and information as a basis for supporting more effective quality improvement efforts
3. Pay in a way that expresses our commitment to quality, and that helps providers and patients to take steps to improve health and avoid unnecessary costs

CMS Quality Roadmap: Strategies

4. Assist practitioners in making care more effective and less costly, especially by promoting the adoption of HIT
5. Bring effective new treatments to patients more rapidly through coverage and payment policies and help develop better evidence so that doctors and patients can use medical technologies and treatments more effectively, improve quality and avoid unnecessary complications and costs

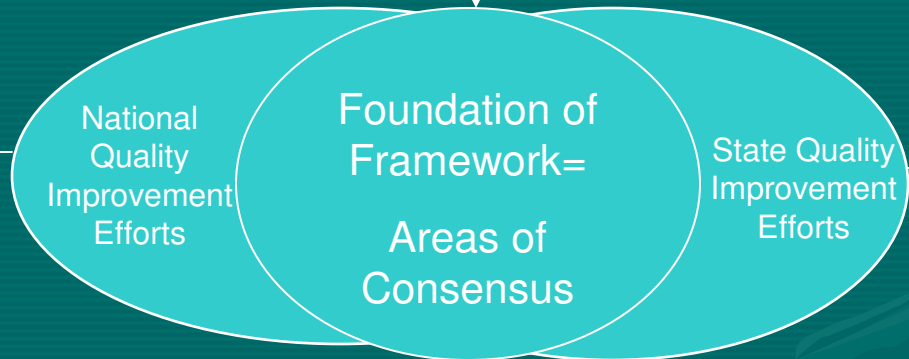
EBM Definition

“...Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research.”

Evidence-Based Medicine Working Group, JAMA (1992)

Process for Developing a National Framework for Medicaid Quality Improvement

Right Care, Every Person, Every Time



- IOM Reports on Quality
- DHHS Value-Driven Health Care Initiative
- CMS Quality Roadmap
- CMS Medicaid/SCHIP Quality Strategy
- Regulatory Requirements
- Significant work of other Agencies such as AHRQ, HRSA, CDC and external Stakeholders

- State Quality Strategy
- HCBS Quality Management Plan
- External Quality Review Activities
- State Value-Based Purchasing Initiatives
- State Legislative requirements
- State Collaboratives and other State led efforts

Deliverable #1
 CMS develops "State Quality Assessments" for current State quality activities for baselines

FY08-FY13

Deliverable #2

- Identify areas of agreement on basic tenets of a comprehensive Quality Improvement Program
- Develop action steps to achieve agreed upon principle
- Identify promising practices in key areas
- Assess resources available across the spectrum to achieve the action steps

FY08-FY09

Deliverable #3
 Partner to achieve a comprehensive National Medicaid/SCHIP Quality Framework that improves care across settings

FY09-FY13

What's New?

H.R.2

Children's Health Insurance
Program Reauthorization Act of 2009
(Engrossed as Agreed to or Passed
by House)

SEC. 1139A. CHILD HEALTH
QUALITY MEASURES.

Child Health Quality continued

- ` (2) IDENTIFICATION OF INITIAL CORE MEASURES- In consultation with the individuals and entities described in subsection (b)(3), the Secretary shall identify existing quality of care measures for children that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time.

Child Health Quality...

- `(1) ESTABLISHMENT OF PEDIATRIC QUALITY MEASURES PROGRAM- Not later than January 1, 2011, the Secretary shall establish a pediatric quality measures program to
- `(2) EVIDENCE-BASED MEASURES- The measures developed under the pediatric quality measures program shall, at a minimum, be--
- `(3) PROCESS FOR PEDIATRIC QUALITY MEASURES PROGRAM- In identifying gaps in existing pediatric quality measures and establishing priorities for development and advancement of such measures, the Secretary shall consult with--
 - `(A) States;
 - `(B) pediatricians, children's hospitals, and other primary and specialized pediatric health care professionals (including members of the allied health professions) who specialize in the care and treatment of children, particularly children with special physical, mental, and developmental health care needs;
 - `(C) dental professionals, including pediatric dental professionals;
 - `(D) health care providers...

CMS & Quality Alliances

- Public-private partnerships seem to be working, albeit with an urgency for faster progress
- Broad National Quality Alliances
 - Hospital Quality Alliance (HQA)
 - Ambulatory Care Quality Alliance (AQA)
 - Pharmacy, ESRD, Cancer Quality Alliances, etc., with more emerging
 - **DENTAL QUALITY ALLIANCE**
- Consensus-driven quality & efficiency measures identification, prioritization, development, endorsement, and implementation