

Measuring quality across Medicare’s delivery systems

ISSUE: The Commission has been discussing and recommending quality measurement in Medicare since 2003. Over the last ten years, the Congress has authorized and CMS has implemented quality reporting (and pay-for-performance in some cases) for FFS Medicare, Medicare Advantage, and the Medicare Shared Savings Program (ACOs).

KEY POINTS: The Commission and others have become increasingly concerned about the rapid growth in the size and complexity of quality measurement in Medicare.

ACTION: Commissioners are asked to discuss and provide guidance to staff on whether and, if so, how Medicare should revise its approach to comparably measuring quality of care across FFS Medicare, Medicare Advantage, and Medicare ACOs.

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Population-based measures of ambulatory care

ISSUE: This paper continues the development of Medicare using potentially preventable admissions and potentially preventable emergency department visits as population-based measures to encourage coordination of care activities for Medicare beneficiaries.

KEY POINTS: Potentially preventable admissions and emergency department visits are indicators that can reflect care coordination in the ambulatory care furnished in a region. This analysis explores the rate of preventable events by hospital service areas, a level representing local markets for health care.

ACTION: We seek Commission discussion on the use of potentially preventable admissions and emergency department visits as population-based measures. Commissioners should provide feedback on the findings from the analysis.

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