

Measuring quality of care in Medicare

ISSUE: At the Commission’s November 2013 and March 2014 meetings, Commissioners discussed their concerns with the current fee-for-service (FFS) Medicare quality measurement system, and the feasibility of using a small set of population-based quality measures to compare quality across and within FFS Medicare, Medicare Advantage, and Accountable Care Organizations (ACOs).

KEY POINTS: Staff will summarize Commission discussions to date and present further analysis and a final set of questions for discussion.

ACTION: Commissioners are requested to discuss the advantages and disadvantages of population-based versus provider-level quality measurement, from the perspectives of payment policy and public reporting. Commissioners also are requested to provide guidance to staff in preparation of a chapter in the June 2014 Report to the Congress.

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