



CMS Physician Quality
Reporting Programs Strategic
Vision

FINAL DRAFT – March 2015

EXECUTIVE SUMMARY

As the largest payer of healthcare services in the United States, the Centers for Medicare & Medicaid Services (CMS) continuously seeks ways to improve healthcare quality. The CMS physician quality reporting programs, which measure and publicly report healthcare professionals' performance, play an important role in driving CMS' quality improvement efforts by making information available to support better decision-making from doctors, consumers, and every part of the healthcare system.

This Physician Quality Reporting Programs Strategic Vision (or "Strategic Vision") describes how CMS will build on its current successes in quality measurement and public reporting to advance the goals and objectives for quality improvement outlined in the CMS Quality Strategy. It describes the long-term vision for CMS' physician quality reporting programs and a future for these programs to strive toward over the next several years. This vision acknowledges the constraints and requirements of existing physician quality reporting programs, as well as the role quality measurement plays in CMS' evolving approach to provider payment, which is moving from a purely fee-for-service (FFS) payment system to payment models that reward providers based on the quality and cost of care provided.

Five statements define CMS' strategic vision for the future of its quality reporting programs. Together, these vision statements articulate a future-state where quality measurement and public reporting play a critical role in healthcare quality improvement:

- CMS quality reporting programs are guided by input from patients, caregivers, and healthcare professionals.
- Feedback and data drives rapid cycle quality improvement.
- Public reporting provides meaningful, transparent, and actionable information.
- Quality reporting programs rely on an aligned measure portfolio.
- Quality reporting and value-based purchasing program policies are aligned.

Quality measurement and public reporting already play an integral part in CMS' facilitation of the delivery of high quality care. This Strategic Vision articulates how CMS will build upon its successful physician quality reporting programs to reach a future-state where measurement and public reporting are optimized to help achieve the CMS Quality Strategy's goals and objectives, and therefore contribute to improved healthcare quality across the nation.

INTRODUCTION

Background

Driving healthcare quality improvement is a core function of the Centers for Medicare & Medicaid Services (CMS). As the largest healthcare payer in the United States with over 100 million Medicare beneficiaries and Medicaid enrollees, CMS facilitates the delivery of high quality healthcare and continuously seeks ways to improve quality. CMS also supports the U.S. Department of Health and Human Services' (HHS) efforts to drive towards a system that delivers better care, is smarter about how health care dollars are spent, and that keeps the population healthy. These efforts center around improving healthcare delivery, improving how providers are paid, and improving the way information is distributed. In light of CMS' core function, and in response

to the Affordable Care Act requirement that all HHS agencies develop quality strategies, CMS developed and released the CMS Quality Strategy in 2013¹ in alignment with the National Quality Strategy (NQS).² The CMS Quality Strategy establishes CMS' goals and objectives for quality improvement and identifies drivers and policy levers to meet those objectives. One such policy lever for implementing the CMS Quality Strategy is "measuring and publicly reporting providers' quality performance."¹ The CMS physician quality reporting programs are critical for driving this quality improvement and achieving the goals of the CMS Quality Strategy. The figure above illustrates how these various strategies work together.

The CMS quality programs address care provided across the care continuum, encourage improvement of quality through use of payment incentives and payment reductions, and increase transparency through expanded public reporting of performance results. While these efforts have been independently successful, CMS and its stakeholders—including patients, caregivers, and healthcare professionals—recognize that these programs can be optimized through greater alignment of measures, program policies, and program operations; deeper engagement with a variety of stakeholders; and expanded public reporting of provider performance.

Purpose

This Physician Quality Reporting Programs Strategic Vision (or "Strategic Vision") describes how CMS will use the lever of "measuring and publicly reporting providers' quality performance"¹ to advance the CMS Quality Strategy goals and objectives, and facilitate the provision of care that is person-centered and brings the kind of quality, access and coordination that produces results. The document describes a long-term vision for CMS physician quality reporting programs and a future-state to strive toward over the next several years. This future-state is one in which quality measurement and reporting are seamlessly woven into the fabric of healthcare delivery.



¹ <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Quality-Strategy.pdf>

² <http://www.ahrq.gov/workingforquality/>

Context

This Strategic Vision was developed with consideration of the operational needs and challenges of the current CMS quality measurement and reporting environment. CMS is working to streamline and simplify existing quality programs to reduce healthcare professionals' participation burden, and recognizes that any vision for the future must acknowledge the constraints of existing physician quality reporting program requirements (e.g. rulemaking timelines), and regulatory processes that might be required to change them.

The Strategic Vision also supports CMS' evolving approach to provider payment. CMS, along with the private sector, continues its drive away from a purely fee-for-service (FFS) payment system to payment models that reward providers based on the quality and cost of care provided, such as value-based purchasing and other alternative payment models. These payment models are important levers in the transition of healthcare payment toward policies that reward value, outcomes, and innovation—and away from policies that simply pay for the volume of services provided.³ CMS' quality measurement portfolio will continue to evolve to support these models through:

- Broader inclusion of quality measures that can be used across care settings
- Expanded use of outcome measures such as those that look at the rate of improvement over time
- Incorporation of population-based measures where the desired outcome is evaluated across a specific patient population or region, rather than solely for an individual patient

ENVISIONING A FUTURE STATE

Quality measurement and public reporting of healthcare professionals' performance occurs via the Physician Quality Reporting System (PQRS), through which eligible healthcare professionals report on certain quality measures, and Physician Compare, which helps patients and caregivers select healthcare professionals participating in Medicare. Participation in PQRS is the basis for many CMS physician quality and payment programs. CMS will build upon the success of these programs by pursuing a future-state where measurement and public reporting initiatives are aligned further and have greater stakeholder engagement, reduced participation burden for healthcare professionals, and expanded, more meaningful public reporting.

CMS' strategic vision has five distinct vision statements and indicators of success for each. These indicators are outlined in the table below and are described in greater detail in the sections that follow. CMS has already made progress towards achieving these vision statements and indicators of success. For example, patients, caregivers, and healthcare professionals are already consulted about CMS' quality measurement and reporting initiatives; and, many of its quality measures are built into physicians' existing workflows through use of electronic health records, thereby leveraging technology to aid in quality improvement. CMS has also aligned quality measures across several physician quality reporting programs. However, CMS does not want to limit itself to current successes; its goal is to more deeply engrain the activities described in the vision statements and indicators of success as core operating principles across its physician quality reporting programs. The remainder of this Strategic Vision describes how CMS plans to achieve that goal.

³ CMS has articulated this vision in a framework for payment reform that moves from pure FFS (Category 1) through FFS with payment adjustments based on quality (Category 2) and alternative payment models built on a FFS architecture (Category 3) to holistic population based payment (Category 4). [Conway, P.H., Mostashari, F., & Clancy, C. (2013). Future of Quality Measurement for Improvement and Accountability. *Journal of American Medical Association*, 309(21), 2215-2216].

Strategic Vision Statements and Indicators of Success

Vision Statement	Indicator of Success
CMS quality reporting programs are guided by input from patients, caregivers and healthcare professionals	<ul style="list-style-type: none"> • Patients, caregivers, and healthcare professionals are key contributors and active participants in measure development, reporting, and quality improvement efforts.
Feedback and data drives rapid cycle quality improvement	<ul style="list-style-type: none"> • Technology enables healthcare professionals to monitor quality measure performance on an ongoing basis at the point of care. • Quality measurement results drive the planning of quality improvement initiatives.
Public reporting provides meaningful, transparent, and actionable information	<ul style="list-style-type: none"> • Meaningful, actionable performance data are accessible to and used by a variety of audiences (e.g., patients, caregivers, and healthcare professionals). • Patients and caregivers have timely access to performance information tailored to their needs.
Quality reporting programs rely on an aligned measure portfolio	<ul style="list-style-type: none"> • An aligned portfolio of health IT-enabled quality measures supports all CMS public reporting, quality improvement, and value-based purchasing programs. • A stable and robust infrastructure exists for developing and implementing health IT-enabled quality measures.
Quality reporting and value-based purchasing program policies are aligned	<ul style="list-style-type: none"> • Principles, policies and processes for all CMS quality reporting and value-based purchasing programs are coordinated.

CMS quality reporting programs are guided by input from patients, caregivers, and healthcare professionals

CMS strives to engage patients, caregivers, and healthcare professionals as active participants throughout the quality measurement and reporting lifecycle. This includes gaining their input during measure conceptualization, development, and implementation processes. In addition, CMS solicits and incorporates their perspectives when shaping data feedback and public reporting efforts. CMS engages stakeholders through a variety of methods, including hosting public comment periods and open-door forums, convening technical expert panels (TEPs) through its contractors, and providing opportunities for the general public to submit quality and efficiency measures for consideration for adoption into the Medicare program.

CMS has benefited from early and frequent involvement of healthcare professionals, including physicians, nurse practitioners, physician assistants, and others, in measure development and testing. Healthcare professionals help to confirm or repudiate assumptions measures developers make, help evaluate different approaches under consideration for a measure, and provide firsthand insights to the clinical workflow to help shape the way measures are developed. The following indicator of success demonstrates CMS' vision to increase engagement of patients, caregivers, and healthcare professionals.

Patients, caregivers, and healthcare professionals are key contributors and active participants in measure development, reporting, and quality improvement efforts.

Patients, caregivers, and healthcare professionals will be deeply integrated in the shaping and implementation of measure development, reporting, and quality improvement initiatives. CMS will increase opportunities for input from stakeholders through a variety of mechanisms; these could immediately include participation in open door forums and working groups on specific initiatives or programs, and in the future could include continual “open ended” input opportunities such as a web- or mobile-based feedback function. While getting input from individual stakeholder groups is important in the measure development process, CMS believes that it is equally critical to have these stakeholders together “at the table” in order to develop consensus around key measurement or public reporting topics. CMS will continue to explore ways to foster deeper collaboration between patients and healthcare professionals through the measures used in its physician programs. CMS’ measurement efforts to date have demonstrated that measures of care coordination and engaging patients as part of the care team motivate true communication and collaboration among patients and healthcare professionals. CMS aims to continue leveraging quality measures to motivate this kind of engagement across the care team and to weave all stakeholders into its process for defining meaningful quality measures for CMS programs.

Feedback and data drives rapid cycle quality improvement

In addition to CMS-provided feedback to providers, relevant and timely clinical and performance data delivered from an EHR or registry enable quality improvement and delivery of high-quality care, at the point of care. The value of efficient data flow is illustrated in the figure below.

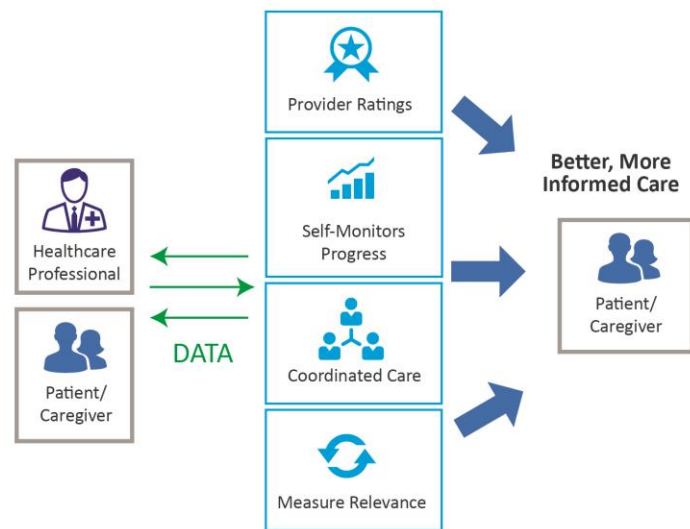
Data must drive the rapid cycle design, development, and implementation of quality improvement efforts; the availability of such data is heightened by use of health IT and health information exchange (HIE).

CMS provides comparative performance information to physicians and medical practice groups through the Physician Feedback/Value-Based Payment Modifier Program. The intent is to provide meaningful and actionable information to physicians so they can improve the care they deliver. CMS also supports rapid cycle quality improvement through learning networks established by the CMS Innovation Center (CMMI) and Quality Improvement

Organizations (QIOs). For example, the learning systems for participants in the Pioneer Accountable Care Organizations (ACOs) enable continuous quality improvement based on data collection and qualitative and quantitative data analysis. The following indicators of success demonstrate how CMS will build on these learning systems and other existing efforts to further enable rapid cycle quality improvement.

Technology enables healthcare professionals to monitor quality measure performance on an ongoing basis at the point of care

CMS envisions a future where technology provides seamless support to quality improvement efforts. Technology can enable quality improvement in a variety of ways, such as by providing feedback on performance against quality



measures in real time. CMS recognizes that outcomes measures rely on multiply sources of data and may not support the timely access of data in the near future; however, CMS will continue to look for ways to align performance measures with clinical decision support tools, so that these point of care tools directly support the quality improvement driven by its quality measures. For example, providers may generate their own reports for quality improvement using their EHRs. While a portion of CMS' existing quality measures are health-IT enabled and therefore provide timely performance feedback to providers through their EHRs and registries, CMS will pursue greater reliance on health-IT enabled quality measures across its programs. Use of health-IT enabled measures will allow for more robust and timely performance feedback to providers than through traditional claims- or paper-based measures. In addition, CMS will continue streamlining and consolidating confidential performance and cost reports currently available through CMS physician programs such as PQRS and Quality and Resource Use Reports (QRURs), while also targeting the broader use of existing vehicles, such as Qualified Clinical Data Registries and EHR vendors, as a mechanism for providing more timely and frequent feedback to program participants.

CMS will also continue its work to advance health IT through its own programs as well as through collaborative efforts with other federal agencies and the private sector. Widespread use of health IT and HIE is key to healthcare professionals' ability to rapidly improve care, both at the point of care and in response to areas identified for improvement. In addition, CMS will continue to explore how technologies can support more robust quality measurement—such as through the use of natural language processing—and, in turn, improve the data needed to drive rapid quality improvement.

Quality measurement results drive the planning of quality improvement initiatives.

A tighter link between quality measure results and quality improvement initiatives will ensure prioritization of the areas of care that require the most improvement. CMS will use measurement and data analytics to gain meaningful information about opportunities to reduce healthcare disparities. CMS will explore opportunities to collaborate with local and regional quality improvement efforts and leverage CMS quality data to inform the design of quality improvement programs. CMS will also explore tighter linkages between CMS-enabled learning networks and quality improvement efforts and CMS quality reporting programs.

Public reporting provides meaningful, transparent, and actionable information

Public reporting is an important driver of quality improvement and can facilitate patient engagement in decisions about their care. Healthcare professionals use publicly reported information to compare their performance to that of their peers, acknowledge their successes, and identify areas needing improvement. Likewise, patients and caregivers use this information to make important decisions about where to receive care.

The value of publicly reported information, however, is dependent on the extent to which the data are meaningful, transparent, and actionable. CMS publicly reports performance through its Compare sites, which enable consumers to compare healthcare entities or clinician group practices. These sites include Physician Compare for healthcare professionals participating in the Medicare program; Hospital Compare, Dialysis Facility Compare, Home Health Compare, and Nursing Home Compare. CMS also reports quality performance results from the Medicare Shared Savings Program on data.cms.gov. The following indicators of success describe CMS' vision for optimizing public reporting.

Meaningful, actionable performance data are accessible to and used by a variety of audiences (e.g., patients, caregivers, and healthcare professionals).

To advance the goal of providing meaningful and actionable performance data to the public, CMS will continue to work closely with stakeholders to better understand their needs and preferences. While CMS already invites patients, caregivers, and healthcare professionals to provide input into public reporting initiatives, it aims to deepen these stakeholders' involvement throughout the design, testing, and ongoing evaluation of its efforts to provide timely and meaningful information to the public on provider performance. CMS will explore opportunities to engage patients, caregivers, and healthcare professionals actively in the design of future public reporting efforts through focus groups and, where possible, as working members of design and implementation teams; this will be important to understanding how to gain healthcare professionals' active participation in quality reporting and accessing quality performance reports. Future public reporting efforts will include the expansion of the Physician Compare site to include quality performance data on individual healthcare professionals (where appropriate) and to increase the amount of meaningful, aggregate performance information at the level of group practice, health system, or ACO.

CMS will seek input concerning how to make performance data accessible to a variety of audiences, such as through partner websites in the near-term or mobile apps in the future. We will continue to seek feedback on and improve the QRURs provided through the Physician Feedback Program to provide more detailed data that can be used to understand and improve performance. CMS will also explore collaborative relationships with data aggregators to expand the reach of its quality data and the ability of users to access it. Importantly, CMS is eager to understand and evaluate how its publicly reported data are used by various audiences. CMS will look for ways to track use of its data and feed that information into planning for future public reporting efforts.

Patients and caregivers have timely access to performance information tailored to their needs.

The future state will allow patients and caregivers to opt-in to have tailored performance data sent to them directly and frequently. CMS will engage patients and caregivers as active participants in the development of new approaches for accessing quality information in ways that are timely and actionable for their needs. CMS envisions IT solutions, such as mobile apps or other push technology, which will aid in the automatic delivery of tailored information to the user's computer or mobile device in real time or at prescribed intervals. For example, a patient or caregiver could choose to "follow" a hospital or group practice via e-mail updates or a mobile app; performance and other relevant data would then be supplied via the chosen method and available as patients and caregivers need it.

Quality reporting programs rely on an aligned measure portfolio

To drive meaningful quality improvement, CMS physician quality reporting programs must use relevant measures that minimize burden and optimize quality improvement. CMS is responding to the need for alignment by making strides toward measure harmonization and alignment. This is evidenced by CMS' participation in the Measurement Policy Council, a collaborative effort to align measures across HHS. The Council has reviewed nine topics to date⁴ and developed core measure sets for each topic. CMS also has aligned, to an extent, the measures used in several new and existing programs, such as those used for PQRS, the Physician Value-Based Payment Modifier, the Pioneer and Medicare Shared Savings Program ACOs, and some of the measures in the Hospital Value-Based Purchasing program. Where possible, CMS uses measures across programs as a means of aligning provider incentives, promoting collaboration, and improving patient outcomes. Examples of this include the use of 30-day readmission and Medicare

⁴ Topics include hypertension control, hospital-acquired conditions/patient safety, HCAHPs, smoking cessation, depression screening and care coordination, HIV/AIDS, perinatal, and obesity/BMI.

Spending per Beneficiary measures in the Value-Based Modifier program, and the use of the 30-day readmission measure for skilled nursing facilities in ACOs. CMS plans to build upon this work of developing an aligned portfolio of measures by achieving the following indicators of success.

An aligned portfolio of health IT-enabled quality measures supports all CMS public reporting, quality improvement, and value-based purchasing programs

A central piece of the long-term vision for CMS' physician quality reporting programs is to have a flexible portfolio of quality and cost measures that are health IT-enabled as much as possible. CMS will continue to move beyond "check box" process measures and will rely predominantly on clinical data from electronic sources, including but not limited to clinical data registries and EHRs. CMS will collaborate with measure developers to ensure data for these measures are standardized in such a way that they can be leveraged to support not only quality improvement programs, but also public reporting and payment programs across CMS, the private sector, and state Medicaid programs.

Additionally, CMS' physician quality reporting programs will be dominated by patient-centered, outcome, and longitudinal measures that reflect change in health status over time. To achieve this vision, CMS will develop and follow an enterprise-wide measurement strategy to guide its measure development and selection efforts strategically toward the measures that CMS, patients, and healthcare professionals find most valuable in care planning and quality improvement efforts. The strategy will align with existing efforts such as the National Quality Strategy and support existing priorities established by national stakeholders such as the National Quality Forum and MedPAC. It will streamline measure selection, development, and implementation; moving away from "program-by-program" measure decisions and ensuring new measures are meaningful, properly aligned across programs and to NQS priorities, and address known measure gaps. As part of the development of an enterprise-wide measure strategy, CMS will explore ways of conducting a comprehensive environmental scan and early analysis of the ability to develop measures of interest into health-IT enabled measures. CMS' aim is to create a coordinated, progressive, yet achievable approach to developing a portfolio of meaningful and actionable measures for the future of its quality programs. CMS will include patients, caregivers, and healthcare professionals in the development of the strategy, and continually update it in response to input from these stakeholders about measurement needs.

A stable and robust infrastructure exists for developing and implementing health IT-enabled quality measures.

Rapidly and efficiently developing health IT-enabled measures requires a development infrastructure that includes tools, standards, and processes. While pieces of this infrastructure are already in place, they have not evolved to a stable state as of yet. For example, many of the data standards used within CMS programs are still maturing and are not always able to be enhanced quickly enough to keep up with measure development needs, or may otherwise be limited in the ability to support some of the more progressive measure concepts CMS seeks for its programs. CMS will collaborate with external stakeholders to evolve and expand the use of tools and standards for health IT-enabled measure development, and leverage advancements in IT to support rapid measurement at the point of care. This may include working with standards developers to develop and test robust and stable standards, enhancing tools that support measure developers, and expanding the standardized formats for electronic clinical quality data and the capture of patient feedback via mobile or other secure technologies. The intent over the long term is to use data generated as a by-product of care across CMS quality measurement programs.

Quality reporting and value-based purchasing program policies are aligned

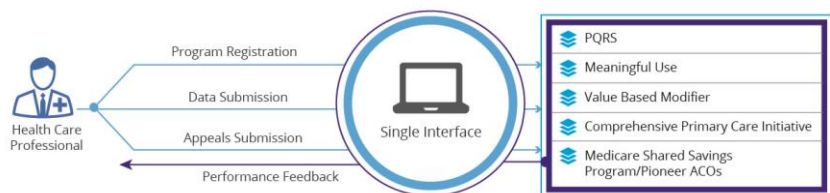
Healthcare professionals often face confusing participation, reporting, and performance requirements for each CMS program, causing participation fatigue and undue burden. Further aligning programs will provide a clear set of expectations for quality and value for healthcare professionals across the care continuum.

CMS has already begun working towards this vision by aligning measures, code sets, and reporting methods across physician reporting and value-based payment programs (to the extent possible given that programs assess performance at different population levels). For example, eligible professionals participating in the Shared Savings ACO program receive credit for the PQRS and may satisfy the clinical quality measure reporting requirement under the Medicare EHR Incentive programs based on measures that are satisfactorily reported by their ACO on their behalf. Beginning in 2017, the Value-Based Payment Modifier is also applied to physicians and groups of physicians participating in Shared Savings Program ACOs based on the ACO's quality performance. The ICD-9 code sets used to report medical diagnoses and inpatient procedures are expected to be replaced by ICD-10 code sets on October 1, 2015, which will provide greater specificity and lead to more robust analytics, better managed care, and enhanced healthcare quality. The following indicator of success further describes CMS' vision for program alignment.

Principles, policies, and processes for all CMS quality reporting and value-based purchasing programs are coordinated.

CMS envisions a “report once, use many times” approach for CMS program participation, as shown in the graphic below. This approach is driven by a desire for operational simplification and to reduce participation burden on healthcare professionals. CMS will

continue to review existing statutes and regulations to explore aligning policies and processes around payment, registration, data submission, and appeals so they are consistent across all CMS physician quality reporting



programs. This may include building alignment requirements into proposed program rules or seeking input from healthcare professionals on which aspects of program participation are the most burdensome. CMS also seeks to align incentive payments and payment adjustments across programs as a means of encouraging greater program participation and providing consistent rewards for high-performing groups and healthcare professionals. These alignment activities will be cognizant of the legislation from which CMS derives its authorities; as the legislative landscape evolves, CMS will continue to work toward alignment within that changing environment.

Additionally, CMS will maintain some flexibility for the development of add-on or carve-out payment models that may not initially align with existing programs, but are ultimately intended for assimilation into CMS-wide programs. CMMI has successfully launched models for accountable care, bundled payments, primary care transformation, and other innovation categories. CMS will continue to support innovation in care delivery models that focus on health; this will include coordination within the Innovation Center and with the private sector to incorporate aligned quality measures into alternative payment models where appropriate, while preserving the flexibility to continue fostering innovation in healthcare payment and delivery through use of novel types of quality measures.

ACHIEVING THE VISION

To achieve this future state, CMS has developed an internal action plan to operationalize the strategic vision and realize the indicators of success. As described above, CMS is already actively working towards the vision statements through policies, programs, and other approaches. CMS will continue to build on accomplishments to date and move toward its vision for the future of quality reporting. Examples of actions CMS may take to achieve the Strategic Vision are summarized below.

Examples of Actions to Achieve the Strategic Vision

Vision Statement	Examples of Action Steps
CMS quality reporting programs are guided by input from patients, caregivers and healthcare professionals	<ul style="list-style-type: none"> • Involve patients, patient advocates, caregivers, and healthcare professionals as working members of quality measurement and improvement activities • Engage specialty societies and other stakeholders in the development of quality measures that apply to a wider range of specialists and provider types. • Explore new methods for gathering first-hand input from patients and caregivers, such as online response forms or mobile apps.
Feedback and data drives rapid cycle quality improvement	<ul style="list-style-type: none"> • Engage in collaborative efforts to align performance results with clinical decision support tools. • Expand QRURs to provide more detailed data to drive improved performance. • Work with those advancing health IT and HIE to support efforts to optimize technology for quality improvement. • Collaborate with local and regional quality improvement organizations to use CMS quality data to inform the design of quality improvement programs. • Explore tighter linkages between CMS-enabled learning networks and quality improvement efforts and CMS quality reporting programs.
Public reporting provides meaningful, transparent, and actionable information	<ul style="list-style-type: none"> • Include patients, caregivers, and healthcare professionals as active participants in the design of future public reporting efforts. • Encourage greater participation by healthcare professionals in CMS quality reporting programs, and increased access to and utilization of CMS-provided data. • Pursue collaborative relationships with data aggregators to expand the reach of CMS quality data and the ability of users to access it.
Quality reporting programs rely on an aligned measure portfolio	<ul style="list-style-type: none"> • Collaborate with measure and standards developers to ensure the data for measures are standardized to support quality improvement programs, public reporting, and payment efforts. • Develop and follow an enterprise-wide measurement strategy focused on patient-centered outcome and longitudinal measures.
Quality reporting and value-based purchasing program policies are aligned	<ul style="list-style-type: none"> • Align policies and processes around payment, registration, data submission, and appeals so they are consistent across all CMS programs.

CONCLUSION

To support CMS' core function of driving quality improvement, and to meet the goals and objectives of the CMS Quality Strategy, this document articulates a strategic vision for CMS physician quality reporting programs and describes a future-state for these programs, including key indicators of success.

CMS invites diverse stakeholders, including patients, caregivers, and healthcare professionals, to share in their vision for how quality measurement and public reporting can support quality improvement efforts and contribute to improved healthcare quality across the nation.

As CMS pursues its internal action plan for operationalizing the vision statements in the coming years, this document and its indicators of success will serve as a guidepost for new and ongoing efforts towards optimizing quality measurement and public reporting for quality improvement.