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Perspective

Aligning Quality Measures across CMS — The Universal Foundation

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The quality-measurement movement began more than 20 years ago and has resulted in transparent quality-performance information, accountability, and improvements. At the same

time, proliferation of quality measures has caused confusion, increased reporting burden, and misalignment of approaches for common clinical scenarios. The Centers for Medicare and Medicaid Services (CMS) and public-private partnerships have therefore moved toward creating more parsimonious sets of measures. Although some progress has been made, lack of alignment across CMS's quality programs has contributed to challenges for clinicians, facilities, and health insurers when it comes to prioritizing outcomes that are meaningful for patients.

We — the leaders of many CMS centers — aim to promote high-quality, safe, and equitable care. We believe aligning measures to focus provider attention and

drive quality improvement and care transformation will catalyze efforts in this area. Since there is tension between measuring all important aspects of quality and reducing measure proliferation, we are proposing a move toward a building-block approach: a “universal foundation” of quality measures that will apply to as many CMS quality-rating and value-based care programs as possible, with additional measures added on, depending on the population or setting.

CMS operates more than 20 quality programs focused on individual clinicians, certain health care settings such as hospitals or skilled nursing facilities, health insurers, and value-based entities such as accountable care organi-

zations. Each of these programs has its own set of quality measures; entities report on and are held accountable for their performance on various measures. Although some of these measures are consistent across our programs, many are not. Insurers often use the same quality measures as CMS (such as the Medicare Part C and D star ratings or plan-level measures for Medicaid managed-care organizations) to adjust clinician reimbursement as part of value-based arrangements — although some insurers use different or modified measures, which has also contributed to measure proliferation.

The Universal Foundation is part of CMS's efforts to implement the vision outlined in our National Quality Strategy¹ and is fundamental to achieving several of the agency's quality and value-based care goals.^{2,3} It is intended to focus providers' attention on measures that are meaningful

Preliminary Adult and Pediatric Universal Foundation Measures.*	
Domain	Identification Number and Name
Adult	
Wellness and prevention	139: Colorectal cancer screening 93: Breast cancer screening 26: Adult immunization status
Chronic conditions	167: Controlling high blood pressure 204: Hemoglobin A1c poor control (>9%)
Behavioral health	672: Screening for depression and follow-up plan 394: Initiation and engagement of substance use disorder treatment
Seamless care coordination	561 or 44: Plan all-cause readmissions or all-cause hospital readmissions
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures
Equity	Identification number undetermined: Screening for social drivers of health
Pediatric	
Wellness and prevention	761 and 123: Well-child visits (well-child visits in the first 30 months of life; child and adolescent well-care visits) 124 and 363: Immunization (childhood immunization status; immunizations for adolescents) 760: Weight assessment and counseling for nutrition and physical activity for children and adolescents 897: Oral evaluation, dental services
Chronic conditions	80: Asthma medication ratio (reflects appropriate medication management of asthma)
Behavioral health	672: Screening for depression and follow-up plan 268: Follow-up after hospitalization for mental illness 264: Follow-up after emergency department visit for substance use 743: Use of first-line psychosocial care for children and adolescents on antipsychotics 271: Follow-up care for children prescribed attention deficit–hyperactivity disorder medication
Person-centered care	158 (varies by program): Consumer Assessment of Healthcare Providers and Systems overall rating measures

* Domains are from Meaningful Measures 2.0. Identification numbers are CMS Measures Inventory Tool measure family identification numbers; names reflect the descriptions associated with those numbers.

for the health of broad segments of the population; reduce provider burden by streamlining and aligning measures; advance equity with the use of measures that will help CMS recognize and track disparities in care among and within populations; aid the transition from manual reporting of quality measures to seamless, automatic digital reporting; and permit com-

parisons among various quality and value-based care programs, to help the agency better understand what drives quality improvement and what does not. To select measures for the Universal Foundation, CMS prioritized measures that were most likely to achieve these goals and have minimal unintended consequences (e.g., promoting overtreatment of certain

conditions).

Across CMS, the existence of multiple processes for measure selection and approval has historically made implementation of aligned measures challenging. As such, we have created a cross-center working group focused on coordination of these processes and on development and implementation of aligned measures to support a consistent approach under the Universal Foundation.

Our intention is that the Universal Foundation will eventually include selected measures for assessing quality along a person's care journey — from infancy to adulthood — and for important care events, such as pregnancy and end-of-life care. We started by identifying preliminary measures for the Universal Foundation's adult and pediatric components (see table). The streamlined measures included here would be used across CMS programs and populations, to the extent that they are applicable and in keeping with legislative statutes. Additional measures will be necessary for assessing care provided to specific populations or in certain settings, such as hospital-based care, maternity care, dialysis care, and long-term and community services. CMS will identify add-on measures that could be implemented consistently across programs. In some instances, we may seek to include a particular measure in only one program, but only if it captures an aspect of quality that is specific to that setting. For example, it's impossible to capture all aspects of specialist quality in a foundational set, so CMS will continue to evaluate specialty-specific measures for potential inclusion in the Merit-Based Incentive Payment System Value Pathways and certain innovation models.

The quality measures we selected underlie many of the diseases and conditions associated with the highest morbidity and mortality in the United States, including diabetes, high blood pressure, and cancer. The cancer-related measures are in line with the goals of the Cancer Moonshot program.⁴ The measures also reflect the importance of high-quality preventive care, including vaccination. Identification and treatment of depression and substance use disorders are included in the Universal Foundation because addressing these behavioral health conditions in an integrated way can improve both physical and behavioral health outcomes.⁵ The focus on quality in behavioral health care for pediatric populations reflects the need to improve care for children and adolescents with depression, other mental health disorders, and substance use disorders. Finally, the measures focus on care coordination after hospitalization, patient experience, and screening for social drivers of health (we also intend for them to eventually cover follow-up to address identified social needs). Although equity is a measurement-category domain, CMS also plans to use the full set of measures to stratify outcome data and identify disparities among and within populations to inform future equity efforts internally and for health insurers and providers.

For organizations that develop and endorse quality measures, the Universal Foundation will identify CMS's priority areas for measurement and reveal gaps. For example, although patient safety is a top priority for CMS and there are several well-developed safety measures used in hospitals, there is no patient-safety measure that is widely used in ambulatory set-

tings. Another current gap is the lack of a measure of holistic well-being. The Universal Foundation will continue to evolve over time; as quality measurement improves or when quality goals within a category are met, CMS will consider replacing or removing measures. We also intend to move toward using more outcome and patient-reported measures and measures for which data can be collected and reported digitally. The CMS Innovation Center will continue to test new quality measures in models when such measures are appropriate given a particular model's quality aims, while leveraging the Universal Foundation where possible. To promote the goal of alignment across programs, Universal Foundation measures will be prioritized before other measures addressing similar aspects of quality.

Looking ahead, CMS intends to move toward aligning measures while collecting feedback by means of listening sessions, requests for information and proposed rulemaking, and other interactions with the medical community and general public. We will incorporate this feedback into future iterations of the Universal Foundation. For Medicaid and the Children's Health Insurance Program specifically, any changes to measure sets will be made in partnership with states and other stakeholders. CMS will also continue to engage in discussions about broader alignment of quality measures outside CMS, for instance as part of the Core Quality Measures Collaborative, state efforts, and the Health Care Payment Learning and Action Network, to identify future opportunities for alignment.

We believe that, by focusing providers' attention, the Universal Foundation will result in higher-

quality care for the more than 150 million Americans covered by our programs. But quality-measure alignment is just the first step; we cannot accomplish the enormous task of quality improvement and care transformation without a concerted effort among clinicians, provider organizations, insurers, community-based organizations, state and local governments, and patients. We hope that alignment focused on the Universal Foundation within CMS can also set the stage for alignment throughout the health care system, with improved outcomes being our collective North Star.

Disclosure forms provided by the authors are available at NEJM.org.

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Drs. Jacobs and Schreiber contributed equally to this article.

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