

# Advancing the Consumer and Purchaser Advocacy Agenda for Better Quality, More Affordable Care

## About the Timeline of Activities

The following pages include the strategies the Consumer-Purchaser Disclosure Project is pursuing to achieve a high quality, affordable health care system. Activities to support the strategies, including participation in health care reform regulatory activity, are listed. Some activities may fall under multiple categories. This is not an exhaustive list of the project's activities. The timeline will be updated monthly to reflect new activities and regulations.

## About the CPDP

The Consumer-Purchaser Disclosure Project is a broad coalition dedicated to improving the quality and affordability of health care in America for consumers and health care purchasers. The project's mission is to put the patient in the driver's seat—by sharing meaningful information about provider performance so that patients can make informed choices, providers can improve the quality of the care they deliver, and the health care system can better reward the best performing providers. The coalition is comprised of leading national and local consumer organizations, employers and labor organizations. The CPDP is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

## STRATEGIES

- Ensure **availability of better performance measures**, including cost and patient-centric measures, and help foster the use of health information technology to support efficient collection and use of performance measurement
- Promote **effective use of performance measurement** for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges
- Advocate for **payment models** that reward value and incentivize higher quality and more efficient care delivery
- Encourage public and private sector **collaboration and alignment** in performance measurement and payment
- Amplify the **consumer and purchaser** voice in all of the above



## < STRATEGIES AT A GLANCE

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# Ensure availability of better performance measures, including cost and patient-centric measures, and foster the use of health information technology to support efficient collection and use of performance measurement.

## Examples of what CPDP is doing

- Advocating for health information technology (HIT) activities, such as **meaningful use**, that support effective and efficient collection of performance measures, deliver real-time provider feedback and decision support, and result in improved health outcomes and patient engagement.
- Working with measure developers to design more measures that give consumers and purchasers information that matters to them; helping to establish such measures as national standards through the **National Quality Forum (NQF)** endorsement process.
- Supporting strong consumer and purchaser participation in NQF governance and strategy and providing ongoing guidance to consumers and purchasers throughout the endorsement process.

2010	2011	2012	2013	2014	2015
<p>✳ March 15: CPDP submits comments on proposed regulations for meaningful use for 2011 (rules help ensure HIT is used in a way that improves quality and the patient experience). This is the first of three stages.</p> <p>✳ March: CPDP releases brief on meaningful use and why it matters to patients and purchasers.</p> <p>✳ March: CPDP participates in letter to Department of Health and Human Services (HHS) and Office of the National Coordinator for Health Information Technology (ONC) supporting meaningful use 2011 proposed rule.</p> <p>July: Meaningful use final rules for 2011 released.</p> <p>August: CPDP shares ideal measurement dashboard with Physician Consortium for Performance Improvement (PCPI).</p> <p><i>Continued on next page</i></p>	<p>✳ February 25: CPDP submits comments on proposed regulations for Stage 2 meaningful use in 2013.</p> <p>✳ February 25: CPDP submits comments on proposed Physician Quality Reporting System (PQRS).</p> <p>✳ February: CPDP comments on Medicaid adult quality measures.</p> <p>Spring: Centers for Medicare &amp; Medicaid Services (CMS) proposed rules on Medicare data for use in provider performance reports released.</p> <p>Spring: CMS releases report on Stage 1 meaningful use implementation progress.</p> <p>May: First year for meaningful use incentive payments to begin.</p> <p>Fall: Final rules on Medicare data for use in provider performance reports released.</p> <p>November/December: Meaningful use Stage 2 criteria established for 2013 implementation.</p> <p><i>Continued on next page</i></p>	<p>January: Medicare data released for provider performance reporting to eligible entities.</p> <p>January-April: CPDP review and analysis of Stage 2 meaningful use quality measures.</p> <p>March 1: By this date and at least every three years following, the Secretary makes public an assessment of the impact of the use of NQF-endorsed measures.</p> <p>HHS develops 10 outcome measures for acute chronic diseases and 10 outcomes for primary/preventive care by end of 2012.</p>	<p>May: Beacon Community Program performance period ends.</p> <p>December: Stage 3 meaningful use 2015 proposed regulations released.</p>	<p>Penalties begin for covered Medicare facilities and providers that do not achieve meaningful use of HIT.</p>	

## Ensure availability of better performance measures, including cost and patient-centric measures, and foster the use of health information technology to support efficient collection and use of performance measurement.

2010	2011	2012	2013	2014	2015
<ul style="list-style-type: none"> <li>* August: CPDP holds a briefing about the final rule for meaningful use in 2011 and next steps.</li> <li>* September: CPDP releases technical criteria that support consumer and purchaser friendly measures.</li> <li>* September-December: Through ONC and meaningful use, CPDP drives development of better measures for consumers and purchasers.</li> </ul> <p>Secretary required to award grants and contracts to eligible entities to collect and aggregate data on quality and resource use measures for public reporting. Appropriations for this work authorized for FY2010-FY2014.</p>	<p>Public funding for measure development of \$75M per year is authorized but not appropriated for FY2010-2014, with priority given to specific measures.</p> <p>States can start offering Medicaid meaningful use incentive payments in 2011. The last year to begin participation is 2016.</p>				

# Promote effective use of performance measurement for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges

## Examples of what CPDP is doing

- Participating in formal and informal HHS and private sector advocacy on the reporting of individual-level physician data, particularly on the new Medicare [Physician Compare website](#), and emphasizing the guidelines contained in the [Patient Charter](#).
- Steering health insurance exchanges to provide robust transparency and performance information for consumer decision-making.
- Engaging physician communities to address resistance to public reporting of provider performance.

2010	2011	2012	2013	2014	2015
<ul style="list-style-type: none"> <li>* June: CPDP provides comments about health insurance web portal.</li> <li>* June 17: CPDP provides comments on HHS strategy for improving care for patients with multiple chronic conditions patients.</li> <li>August 30: CPDP provides talking points to members for HHS panel on health insurance exchanges.</li> <li>* September 27: CPDP provides talking points for Listening Session and submits formal comments on Medicare data release.</li> <li>* October 4: CPDP provides comments about health insurance exchange standards and rules.</li> <li>* November 30: CPDP submits comments on the proposed Medicare Physician Compare website.</li> <li>Temporary national and state high-risk pools to provide health coverage to individuals with pre-existing medical conditions until 2014 are established.</li> </ul>	<p>January: Launch of Physician Compare website (information on physician performance available in 2013).</p> <ul style="list-style-type: none"> <li>* January/February: CPDP advocates for better Physician Compare website.</li> <li>* March 1: CPDP submits comments on quality measures for Medicaid and Children's Health Insurance Program (CHIP).</li> </ul> <p>Selection of measures by the Secretary for public reporting (and payment).</p> <p>Launch of Agency for Healthcare Research and Quality (AHRQ) Center for Quality Improvement and Patient Safety.</p> <p>CMS is charged with promoting all payor reform activities. This is an ongoing provision.</p> <p>Physicians are eligible for Physician Quality Reporting System (PQRS).</p>	<p>January 1: Secretary develops a plan for integrating reporting on clinical quality measures and meaningful use of electronic health records (EHRs) into Physician Quality Reporting System (PQRS).</p>	<p>January: Physician Compare website publicly reports physician performance.</p> <p>Hospital Compare website populated with data from Medicare's hospital value-based purchasing program.</p> <p>Public reporting of hospital readmission rates from the Medicare hospital readmissions reduction program via Hospital Compare website.</p> <p>Secretary establishes criteria for certification of qualified health plans in health insurance exchanges, which at a minimum include local performance on clinical quality measures, patient experience.</p>	<p>January: Health insurance exchanges open to individuals and small employers.</p> <p>January: Information on the quality and price of health plans in health insurance exchanges made available.</p> <p>Individuals must have coverage.</p> <p>Hospital Compare website publicly reports health care acquired conditions information.</p>	<p>Physicians not participating in PQRS penalized by 1.5% reduction in Medicare fee-for-service (FFS) payment and by 2% in subsequent years.</p>

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# Promote effective use of performance measurement for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges

2010	2011	2012	2013	2014	2015
<p>The Secretary develops a framework for public reporting of aggregated data on quality and resource measures. Appropriation is authorized for FY2010-FY2014.</p> <p>Hospitals annually make public a list of standard charges for items and services provided.</p> <p>The Affordable Care Act has an array of provisions directed at fostering improved public reporting related to nursing home, skilled nursing and long-term care facilities.</p>					

# Advocate for payment models that reward value and foster better quality and more efficient care delivery

## Examples of what CPDP is doing

- Leading formal and informal advocacy with HHS, CMS and other federal agencies to overhaul the payment system and foster higher value.
- Working with CMS and Center for Medicare and Medicaid Innovation to promote implementation of specific CPDP criteria/principles into new models of care such as accountable care organizations (ACOs).
- Working with CMS and Center for Medicare and Medicaid Innovation on payment programs to ensure that they use effective measurement and accountability to achieve better quality and lower costs.
- Collaborating with the [Catalyst for Payment Reform](#) as it develops and implements strategies for private sector employers to drive value-based purchasing and payment in private sector health care services.

2010	2011	2012	2013	2014	2015
<p>✦ May: CPDP holds a forum about accountable care organizations (ACOs) and paying for value.</p> <p>✦ June 18: CPDP submits comments on CMS' proposed changes to the Medicare Hospital Inpatient Prospective Payment System.</p> <p>✦ July: CPDP submits comments to NCQA about standards for medical homes.</p> <p>✦ August 24: CPDP submits comments about CMS' proposed changes to the Medicare Physician fee schedule for 2011.</p> <p>September: The Patient Centered Outcomes Research Institute (PCORI), a non-profit entity, established to identify national priorities and provide research to compare the effectiveness of health treatments and strategies.</p> <p><i>Continued on next page</i></p>	<p>January 1: States can begin implementing "health home" (i.e., medical home) programs.</p> <p>January: Plans for developing ambulatory surgical center, skilled nursing, and home health value-based payment programs submitted to Congress.</p> <p>January: Medicare bonuses of 10% for primary care providers and general surgeons in health professional shortage areas available until 2015.</p> <p>January: Medical home demonstrations through Center for Medicare and Medicaid Innovation are launched.</p> <p>✦ March: CPDP Comments on proposed hospital value-based purchasing rules.</p> <p>July: Prohibition of federal payments for Medicaid services related to hospital-acquired conditions.</p> <p><i>Continued on next page</i></p>	<p>January 1: The Secretary conducts a demonstration to test payment incentives for home-based primary care teams lasting up to three years. Funding is \$5 million for FY2010-FY2015.</p> <p>January: The Secretary develops an episode grouper for the Medicare physician resource use program (and eventually to be used in the Medicare physician value-based payment modifier).</p> <p>January: The Secretary publishes measures to be used for Medicare physician value-based payment modifier.</p> <p>January: Medicare Bundled Payment Demo begins.</p> <p>January: Funding for Independent Payment Advisory Board (IPAB) begins.</p> <p><i>Continued on next page</i></p>	<p>January: The Medicare payment bundling pilot is established.</p> <p>The Hospital Value-Based Purchasing Program incentivizes enhanced quality outcomes for acute care hospitals.</p> <p>Medicare Advantage (MA) plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>	<p>January: The Independent Payment Advisory Board (IPAB) can start submitting fast-track policies to slow Medicare spending.</p> <p>Measures of efficiency are added to the Medicare Hospital Value-Based Purchasing Program, so that Medicare can pay hospitals based on quality and efficiency of care.</p> <p>IPAB reports on cost/quality information on Medicare and private sectors starting in 2014 and ongoing.</p> <p>Medicare Advantage (MA) plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>	<p>January: The value-based physician modifier that adjusts Medicare FFS payment to physicians for quality and efficiency of care is implemented for specific physicians in 2015 and applied to all physicians in 2017.</p> <p>October: The Medicare Hospital Readmissions Reduction Program is expanded to include four additional conditions.</p> <p>October: Hospitals in top quartile of hospital acquired conditions (HACs) experience 1% reductions in Medicare payments.</p> <p>The Medicare 5-year Payment Bundling Pilot comes to a close in 2017 unless it is extended.</p> <p>Payments are reduced to eligible Medicare facilities and providers for each year they do not achieve meaningful use of HIT.</p> <p><i>Continued on next page</i></p>

# Advocate for payment models that reward value and foster better quality and more efficient care delivery

2010	2011	2012	2013	2014	2015
<p>October 1: CPDP provides talking points for Federal Trade Commission panel on anti-trust issues.</p> <p>✳ November 19: CPDP submits comments to National Committee for Quality Assurance (NCQA) about criteria for ACOs.</p> <p>November: The Center for Medicare and Medicaid Innovation (CMMI), which will test innovative payment and health care delivery models to reduce health care costs and enhance quality of care, is launched.</p> <p>✳ December 3: CPDP provides response to CMS "Request for Information" on ACOs.</p>	<p>Members of the Independent Payment Advisory Board (IPAB) appointed. The IPAB is charged with providing recommendations to Congress on reducing rate of Medicare spending if target is exceeded. The Secretary must implement unless blocked by Congress.</p> <p>Health plans experience penalties for exceeding set medical loss ratio (MLR).</p> <p>Payments to Medicare Advantage plans restructured by setting payments to different percentages of Medicare FFS rates.</p> <p>PCORI identifies research priorities, establishes research agenda, appoints expert panels and develops methodological standards.</p> <p>Beginning this tax year, the cost of employer-sponsored health coverage is reported on W-2 forms.</p>	<p>January: Medicaid and CHIP Pediatric Accountable Care Organization pilot begins.</p> <p>January: Medicare Accountable Care Organization Demonstration is established.</p> <p>October: Hospitals in the Medicare Hospital readmissions reduction program may begin receiving decreased payment for excess readmissions.</p> <p>December 31: Report on activities of CMMI due to Congress.</p> <p>Annual market basket updates reduced for home health agencies, skilled nursing facilities, hospices, and other Medicare providers.</p> <p>Medicare Advantage (MA) plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>			<p>Medicaid and CHIP Pediatric Accountable Care Organization Pilot ends in December, 2016.</p> <p>Medicare Advantage (MA) plans may receive quality bonuses of 0-5%.</p>

# Encourage public and private sector collaboration and alignment in performance measurement and payment

## Examples of what CPDP is doing

- Creating a model dashboard of what a comprehensive, meaningful measurement set should look like for payment pilots.
- Ensuring that Medicare data released for aggregation with private claims data has the least number of restrictions possible, while protecting patient privacy and security. Ample multi-payer data is critical to good measurement.

2010	2011	2012	2013	2014	2015
<p>* September 27: CPDP provides talking points for Listening Session and submits formal comments on Medicare data release.</p> <p>* October 15: CPDP submits comments about HHS proposed National Health Care Quality Strategy and Plan</p> <p>November: The Center for Medicare and Medicaid Innovation (CMMI), which will emphasize public-private collaboration in pilots, is launched.</p> <p>December 31: Interagency Working Group on Quality is established and provides first annual report to Congress. Annual report due every December.</p> <p>CMS develops a strategic framework for public reporting. No deadline specified.</p>	<p>January: Medical home demonstrations through CMMI are launched.</p> <p>March: National Strategy for Improving Health Care Quality submitted to Congress.</p> <p>Spring: CMS proposed rules on Medicare data for use in provider performance reports released.</p> <p>Fall: Final rules on Medicare data for use in provider performance reports are released</p> <p>Members of the Independent Payment Advisory Board (IPAB) appointed. The IPAB is charged with providing recommendations to Congress on reducing rate of Medicare spending if target is exceeded. The Secretary must implement unless blocked by Congress.</p> <p>Formal multi-stakeholder process provides input to the Secretary on the selection of quality measures and national priorities for quality improvements to use in public reporting and public health care programs. \$20 million is authorized for each FY2010-FY2014. NQF facilitates the process, which is being called the Measure Applications Partnership.</p>	<p>January: Medicare data released for performance reporting.</p> <p>December 31: Report on activities of CMMI due to Congress.</p>	<p>January: Medicaid Quality Measures Program established by CMS.</p>	<p>Independent Payment Advisory Board (IPAB) provides report on cost/quality information on Medicare and private sectors starting in 2014 and ongoing.</p>	<p>Independent Payment Advisory Board (IPAB) can provide recommendations for how to slow private sector spending. Report to be provided biennially.</p>

# Amplify the consumer and purchaser voice in all the above strategies

## Examples of what CPDP is doing

- Nominating consumers and purchasers to influential boards and bodies, both established and new bodies.
- Providing tools, resources and strategic advice to consumers and purchasers working on established boards and bodies.
- Ensuring the consumer and purchaser voice is a part of the regulatory process - making sure they have a "seat at the table," recruiting and supporting participants in listening sessions, organizing sign on letters, etc.

2010	2011	2012	2013	2014	2015
<p>September: CPDP nominates individuals to the new Patient Centered Outcomes Research Institute (PCORI) Board of Governors.</p> <p>October: CPDP nominates organizations to the NQF Measure Applications Partnership Patient-Focused Coordinating Council.</p> <p>Ongoing: CPDP supports consumers and purchasers on the NQF Consensus Standards Advisory Committee (CSAC) and Board.</p> <p>Ongoing: CPDP supports consumers and purchasers on the Office of National Coordinator for HIT Policy Committee and Quality Workgroup.</p> <p>Ongoing: CPDP supports consumers and purchasers on the AQA Steering Group and selected workgroups.</p> <p><i>Continued on next page</i></p>	<p>February: CPDP nominates organizations to the four NQF Measure Applications Partnership Workgroups.</p>	<p>February 1: The Secretary receives feedback on quality measures from multi-stakeholder groups.</p>			

# Amplify the consumer and purchaser voice in all the above strategies

2010	2011	2012	2013	2014	2015
<p>Ongoing: CPDP supports consumers and purchasers on the Hospital Quality Alliance (HQA) Principals and selected workgroups.</p> <p>Ongoing: CPDP supports consumers and purchasers on the Quality Alliance Steering Committee (QASC) and selected workgroups.</p> <p>Ongoing: CPDP nominates individuals to serve on NQF measure endorsement committees.</p> <p>Ongoing: CPDP nominates individuals to serve on AMA's Physician Consortium for Performance Improvement (PCPI) measure development committees.</p> <p>Ongoing: CPDP provides support for consumers and purchasers on the AMA's Physician Consortium for Performance Improvement (PCPI) Consumer and Purchaser Advisory Panel.</p>					