



# CMS NATIONAL QUALITY STRATEGY

The Centers for Medicare & Medicaid Services (CMS) will set and raise the bar for a resilient, high-value health care system that promotes quality outcomes, safety, equity, and accessibility for all individuals, especially for people in historically underserved and under-resourced communities. The CMS National Quality Strategy takes a person-centered approach to quality and safety and seeks to improve the overall care journey as individuals move across the continuum of care, from home or community-based settings to hospitals and post-acute care. This initiative will depend on the focus of every person and entity working to optimize a person-centered approach to care that improves safety and quality.

## THIS STRATEGY

- Aims to promote the highest quality outcomes and safest care for all individuals
- Focuses on a person-centric approach as individuals journey across the continuum of care, from home to hospital to post-acute care, and across payer types, such as Traditional Medicare, Medicare Advantage, Medicaid, Children’s Health Insurance Program (CHIP), and/or private health insurance plans
- Looks forward to a post-COVID-19 health care system, incorporating the learnings from the Public Health Emergency to inform both short- and long-term directions
- Creates a more equitable, safe, and outcomes-based health care system for all individuals
- Consists of eight focused and interrelated goals:
  - Embed Quality into the Care Journey
  - Advance Health Equity
  - Promote Safety to Achieve Zero Preventable Harm
  - Foster Engagement to Improve Quality and Build Trust
  - Strengthen Resiliency in the Health Care System
  - Embrace the Digital Age
  - Incentivize Innovation and Technology Adoption to Drive Care Improvements
  - Increase Quality Measurement Alignment to Promote Seamless and Coordinated Care

## OUR ACTIONS HAVE DELIVERED RESULTS

- In 2017, CMS developed a new quality measures framework focused on increasing measure alignment across CMS programs and other public and private initiatives. [{Link}](#)
- In the FY 2022, Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule, CMS solicited feedback from stakeholders on opportunities to advance equity and close gaps in care through quality measurement. [{Link}](#)
- In the FY 2022, Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule, CMS sought feedback to support and modernize its quality measurement enterprise in the future including clarifying a potential definition of digital quality measures; leveraging technological opportunities to facilitate digital quality measurement; and using the Fast Healthcare Interoperability Resources (FHIR®) standard for electronic clinical quality measures (eCQMs) that are currently in the various quality programs. [{Link}](#)
- Included the voices of patients in performance measures by increasing the number and use of Patient Reported Outcome Measures (PROMs) and Patient Reported Outcome Performance Measures (PRO-PMs) on the CY 2020 list of measures under consideration. [{Link}](#)
- In September 2021, CMS continued to modernize the [Care Compare](#) sites to increase transparency and ensure that all individuals that CMS serves, as well as their families and caregivers, have the information to make informed care decisions. [{Link}](#)
- In April 2021, CMS targeted the efforts of the Quality Improvement Organizations (QIOs) during the COVID-19 Public Health Emergency to help nursing homes strengthen their infection control systems, increase resident and staff COVID-19 vaccination rates, and ensure quality and safety. [{Link}](#)
- Beginning in October 2021, CMS adopted a new quality measure, the Maternal Morbidity Structural measure, for the Hospital Inpatient Quality Reporting (IQR) Program that asks hospital to attest to whether they participate in a statewide and/or national maternal safety quality collaborative and whether they have implemented the recommended patient safety practices or bundles to improve maternal outcomes. Through this measure and others, CMS intends to propose the establishment of a maternity care quality hospital designation to be publicly reported on Medicare.gov. [{Link}](#)
- In January 2022, CMS released information related to nursing home staffing as a vital component of a nursing home's ability to provide quality care, specifically for residents and their families as they consider a nursing home for themselves or a loved one. [{Link}](#)