

**Study on Pediatric Health and  
Health Care Quality Measures:  
Children's Health Insurance Reauthorization Act of 2009**

**Institute of Medicine  
National Research Council  
Committee on Pediatric Health and Health Care  
Quality Measures**

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# The Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) was created in 1977, and brought together the two largest Federal health care programs, Medicare and Medicaid under a unified leadership.

In 1997, the State Children's Health Insurance Program (SCHIP) was established to address the health care needs of uninsured children. That program was renewed in 2009 and is now known as "CHIP".

With a current budget of almost **\$293 billion** and serving over **98 million total beneficiaries**, CMS has become the largest purchaser of health care in the United States – with Medicaid & CHIP now leading public coverage over Medicare.

# 2009 – A Year of Major Transition in Leadership for DHHS and CMS

## It's A New Day:

- New Secretary of Health
- Still awaiting a CMS Administrator
- New Director for the Center for Medicaid and State Operations (CMSO)
- New CMSO Deputy Director with focus on quality, health information systems, and program integrity
- New leadership within CMSO

## 2009 - A Year of Major Transition in Policy

- Children's Health Insurance Reauthorization Act
- American Recovery and Reinvestment Act
- Health Reform Proposals

# The Children's Health Insurance Program Reauthorization Act and the Opportunity ....



# Vision: The Right Care, For Every Person, Every Time

Needed: Infrastructure to accurately measure health outcomes



## CMS Data Systems – The Reality ...

- Historically: a Payment Agency
- State, IHS, and Territory programs for Medicaid AND CHIP = hundreds of separate programs and data collection and reporting systems
- The CMS 1500 Form

# CMS Data Systems – The Reality ...

- State System – Medicaid Management Information System (**MMIS**)
- Federal Systems –
  - Medicaid Statistical Information System (**MSIS**)
  - CHIP Annual Reporting Template System (**CARTS**)
  - OAGM Grants automated procurement management system
  - EPSDT **CMS 416 Form**
  - EQRO Technical Reports

# CMS Data Systems – Working Toward a Quality Vision

- Medicaid Analytic Extract (**MAX**)
- Medicaid Information Technology Architecture (**MITA**)

# Transition from Medicaid MMIS to HIT/E

## MMIS

Demographics  
 Diagnosis & Procedure Codes  
 Coding/Billing Information

Eligibility  
 Claims Payment  
 Fraud and Abuse  
 Utilization and Financial Statistics

## H

## I

## T/E

Demographics  
 Diagnosis & Procedure Codes  
 Coding/Billing Information

Eligibility  
 Claims Payment  
 Fraud and Abuse  
 Utilization and Financial Statistics

**MITA**  
 Hardware  
 Software  
 Business Processes for Quality, Efficiency and Cost  
 Certified EHRs and meaningful use

**Networks/Hubs**  
 Record locators  
 Data Warehouses  
 NHIN  
 HHS Cross-Agency initiatives

Clinical Information  
 Medical Notes  
 Diagnostic Test & Results  
 Follow-up/Compliance  
 Registries  
 Prescriptions /Medication History  
 Guidelines for Decision Support

Care Coordination  
 Public Reporting  
 Decision Options for Providers and Consumers  
 Quality Metrics  
 Efficiency Metrics  
 Patient Safety

# **CMS Data Systems – Working Toward a Quality Vision**

- New Medicaid and CHIP Enterprise Architecture Initiative
- New CMSO Deputy Director Penny Thompson

# CMS Medicaid & CHIP – Working Toward a Quality System

- 2003 - Managed Care Quality Reporting
- 2003 - CHIP Quality Reporting
- 2005 - Establishment of the Division of Quality, Evaluation, and Health Outcomes
- Various Medicaid Grant Initiatives (e.g. Medicaid Transformation Grants)

## **CMS Medicaid & CHIP – Working Toward a Quality System**

- 2007 - Developing the CMSO Medicaid/CHIP Quality Framework
- 2009 – CHIPRA and ARRA
- 2009/2010 – Development of a Comprehensive HIT/Quality/Integrity Strategy

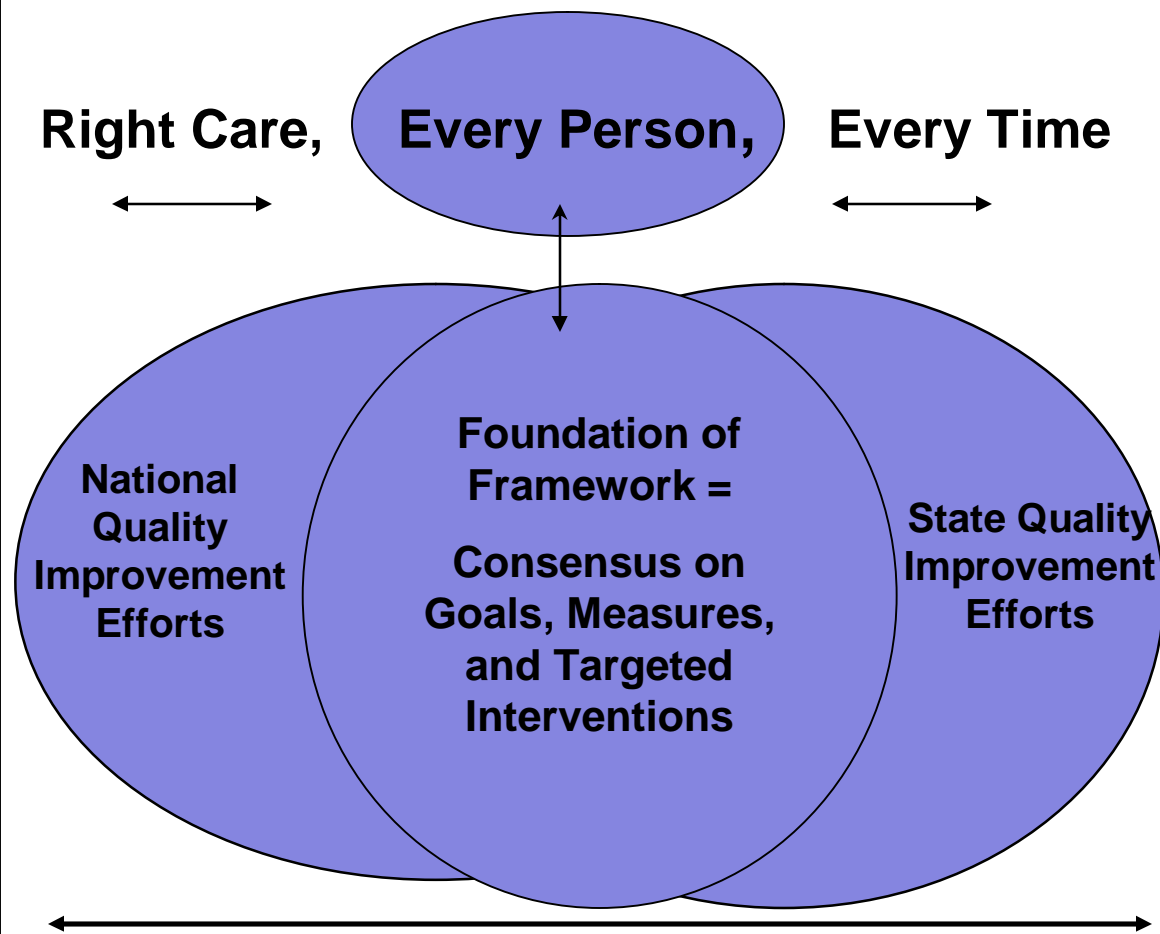


# Quality Framework Beginning

## Federal Efforts

- Health Reform
- CHIPRA and Recovery Act Guidance
- IOM Reports on Quality
- DHHS Value-Driven Health Care Initiative
- Regulatory Requirements
- Grants to States
- AHRQ, HRSA, CDC, Office of Surgeon General, and external Stakeholder initiatives
- Medicare/Medicaid cross-cutting initiatives
- CMS Quality Roadmap

## National Integration



## State Efforts

- State HIT Plan
- Home & Community Based Services Quality Management Plan
- External Quality Review Activities
- State Value-Based Purchasing Initiatives
- State Legislative requirements
- Approved Medicaid Grants
- State Collaborations, Cross-Agency initiatives, and other State led efforts
- CHIP Quality Measures
- State Studies
- State Quality Strategy

## **CHIPRA Title IV – Development of a New Quality Infrastructure over 5 Years**

- New Quality Measures Program
- State Annual Quality Reporting
- New Managed Care Quality Focus for CHIP
- New Quality of Care & Obesity Demonstrations
- Pediatric EHR Program

## **2009 Activities in Quality Measurement for Improving Care for Medicaid and CHIP**

- CMS aligns with expertise and infrastructure of the Agency for Healthcare Research Quality
- Development of the Federal CHIPRA Quality Workgroup
- National experts provide recommendations to the Secretary of Health for an initial core set of quality measures for Medicaid and CHIP

## American Recovery and Reinvestment Act

- CMS must align efforts under CHIPRA with ARRA
- The Quality Measures Program is one key vehicle to do that - under CHIPRA, there will be development of new measures across all care settings, and therefore support meaningful use under ARRA

## **CMS Perspectives for Opportunities in the IOM Study**

*What role is recommended for CMS going forward – beyond being a public payor for health care services?*

## **CMS Perspectives for Opportunities in the IOM Study**

*Are there recommendations for priority setting in targeting quality measure development for Medicaid and CHIP?*

*Will there be revisions to the IOM aims of safe, effective, patient-centered, timely, efficient and equitable care?*

## **CMS Perspectives for Opportunities in the IOM Study**

### **Based on IOM Aims -**

- improving safety (reduce readmissions, never events, hospital acquired conditions, and evaluate medication management)
- improving quality of care and reporting on EPSDT services (including oral and mental health care, and newborn screening services)
- demonstrating benefit of medical homes and other provider delivery models for Medicaid and CHIP beneficiaries (recommendations for alignment with school-based services)

## **CMS Perspectives for Opportunities in the IOM Study**

- evaluating outcomes in care delivery (can we do it all? primary care, specialty and perinatal care, long term care, inpatient care, emergency care, end of life care; in particular – we need to better understand patient health outcomes when transitioning across health care settings)
- evaluating payment and value-based incentives for State initiatives
- reducing inequities in health care delivery (beyond access)

*The Right Care  
For Every Person  
Every Time*

