Creating Better Quality Measures in MIPS and APMs

Mini-Summit VI, Part 1 11:00 a.m. - 11:45 a.m.

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What's the Right Way to Measure Quality in MIPS & APMs?

Why are we measuring "quality?"

- To improve quality where it is poor?
- To steer consumers to higher-quality providers?
- To ensure quality isn't harmed by efforts to reduce cost?
- To pay more/less to providers with higher/lower quality?
- To say that payments are based on quality?

What aspects of quality do we care about?

- Whether the patient received evidence-based care?
- Whether the patient avoided bad outcomes?
- Whether the patient achieved good outcomes the provider intended?
- Whether the patient achieved good outcomes the patient wanted?
- Aspects of quality that affect a large number of patients?
- The quality measures that can be calculated using claims data?

How should we define "good" quality?

- The best quality for every patient?
- The best quality for every patient with the resources available?
- Good quality for most (but not all) patients?
- Better performance than what other providers achieve?

How We Typically Measure Quality Today

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