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## NAACOS Task Force Recommends Path Toward Digital Quality Measurement

*Suggest Starting with a Small Pilot Before Broader Adoption*

**WASHINGTON** — CMS must work with accountable care organizations (ACOs) to establish a small pilot that tests the reporting of quality data pulled from electronic health records (EHRs) before moving to a program-wide mandate. That’s the key recommendation from a [new position paper](#) developed by a National Association of ACOs (NAACOS) task force aimed at developing recommendations for how to successfully collect and electronically report on ACOs’ quality of care through disparate health information technology (IT) systems.

The Centers for Medicare and Medicaid Services (CMS) has made it a goal to fully move to digital quality measurement by 2025. However, that’s a difficult task for ACOs, who sometimes work with dozens of EHR systems and must combine data from a myriad of doctors’ offices, hospitals, and other providers not using the same EHR. Recommendations were developed by [NAACOS’s 14-person task force](#) of leading ACO innovators in this space.

“Numerous thought leaders from across a broad swath of ACOs spent months deliberating this issue to develop thoughtful, commonsense recommendations to move our industry to digital quality reporting,” said Katherine Schneider, MD, chair of the NAACOS Digital Quality Measurement Task Force and past NAACOS board chair. “ACOs simply cannot report quality data as easily as a single, standalone health system or physician practice. Different considerations need to be made. NAACOS absolutely supports the need to move to a more digital and less manual form of quality reporting, but more work needs to be done by both government regulators and the health IT industry before this becomes widely possible for ACOs.”

Also recommended by the task force, CMS must remove its current requirement for ACOs to report data on all patients, regardless of whether they are attributed to the ACO, from all payers. This would harm ACOs serving vulnerable populations because, when compared to other providers as CMS will do, they would look worse, not because of poor performance, but because they’re serving a sicker population. The task force feels the requirement would disenfranchise safety-net providers.

Other recommendations from the paper include:

- As CMS and the Office of the National Coordinator for Health IT (ONC) consider the future for digital quality measurement, the goal should be to improve how quality data can be captured to better support patient care at the point of care and appropriately reward high-value care.
- The transition to more digital quality measurement must be iterative and build off of previous work and investments.
- CMS should provide policy incentives to help offset the significant initial and ongoing costs associated with transitioning to electronic clinical quality measures and digital quality measures.
- CMS must enable the successful matching of patients across different providers and EHRs, and EHR certification criteria must support ACOs in eCQM and digital quality measure (dQM) reporting.

According to a NAACOS survey conducted this year, 39 percent of ACOs have more than 10 EHRs and only 17 percent have one EHR. Many rely on third-party companies to help them aggregate data, adding to the cost of their work.

Since 2012, ACOs have saved Medicare nearly \$17 billion in gross savings and \$6.3 billion in net savings. Importantly, data show these ACOs continued to provide high-quality care and yield satisfied patients. Today, ACOs care for nearly 20 percent of all Medicare patients and nearly a third of traditional Medicare patients. Importantly in Medicare, ACOs allow patients to maintain their choice of provider, and there are no network restrictions or use of prior authorization.

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**About NAACOS.** The National Association of ACOs (NAACOS) represents more than 13 million beneficiary lives through hundreds of organizations participating in population health-focused payment and delivery models in Medicare, Medicaid, and commercial insurance. Models include the Medicare Shared Savings Program (MSSP), Global and Professional Direct Contracting, and alternative payment models supported by a myriad of commercial health plans and Medicare Advantage. NAACOS is a member-led and member-owned nonprofit organization that works to improve quality of care, outcomes, and healthcare cost efficiency.