

Editor's Note:

Though HHS efforts to enhance the overall value provided by our healthcare system will continue, this is the final issue of the Cornerstone under the leadership of Secretary Leavitt. According to a Greek proverb, a society grows great when old men plant trees in whose shade they will never sit. It has been my great privilege to support Secretary Michael O. Leavitt and all of you in working towards a value-driven system of health care.

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CORNERSTONE IN FOCUS: CMS Distributes Trio of Roadmaps to Healthcare Affordability, Quality

Capping several months of preparation, CMS released this week a series of roadmaps that describe potential opportunities for HHS and CMS for improving the quality and value of health care delivered in the United States. "As Health care's largest payer, HHS has a duty to push the envelope," said Secretary Leavitt. "By publishing our current and planned measurement thinking, my hope is to accelerate the velocity of the ongoing measurement and collaborative processes."

The three strategy documents are intended to provide information to policy makers and other stakeholders about the demonstrations, pilot programs, and other initiatives underway in the department, as well as to articulate the overarching principles guiding further efforts.

The Roadmap for Quality Measurement sets forth the current state of measurement efforts within CMS and provides potential direction for expanding and enhancing the implementation and use of quality measures. It is designed to serve as helpful guidance for Measure developers and endorsers, members of Congress, and other stakeholders as they consider specific areas that merit increased focus and attention.

The Roadmap for Medicare Resource Use Measurement aims to enhance understanding of the potential for efficiency and resource use measurement in the Medicare program. It describes a path for continued development of effective methods for measuring relative resource use among providers. By improving efficiency, the potential exists to reduce the rate of cost growth and improve the overall value of the care received.

The final document, **The Roadmap for Implementing Value-driven Health Care** in the Traditional Medicare Fee-for-Service Program, inventories and provides status updates on many key projects and programs that are supporting a broad transformation toward value in health care. Additionally, the document points a course for

policy makers for the restructure of the major Medicare Fee-for-service (FFS) payment systems toward more of a value-orientation.

The release of the Roadmaps is timely in light of the current economic turbulence. The chief Medicare actuary recently observed that the Medicare Part A Hospital Insurance Trust Fund could become insolvent by 2016. "Our nation must not lose sight of what we see in our rear view mirror," said Leavitt. "Health care is consuming one-seventh of our entire economy, and it continues to expand. What we do about it may well be the defining struggle of our

generation."

While these documents do not represent official guidance, new regulation, or a legislative proposal, it is anticipated that the issues addressed will be useful in advancing the transformation of our health care system.

To view or download these documents, please use the following link at www.cms.hhs.gov/QualityInitiativesGenInfo/



"Every American should have access to a full range of information about the quality and cost of their health care options."

Secretary Michael O. Leavitt