

Advocating Policy to Advance Value-Based Care

The healthcare delivery and payment system is changing. And we believe it's for the better. Putting value on a patient's well-being rather than the volume of care provided is fundamental to improved population health. Healthier individuals and more affordable care are at the heart of the Healthcare Quality Coalition's mission.

LEARN ABOUT US

Latest Coalition Policy Work

Interested in pushing the value-based care message forward, but don't have the time or resources to create shareable materials? We've done the work for you. Download the PDFs below to access the latest testimonies, comments and letters to share with your networks.



October 26, 2018

Comments to the Health and Human Services, Office of Inspector General on the Medicare and State ...

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October 15, 2018

Regulatory comment letter to the Centers for Medicare and Medicaid Services on the Medicare Share...

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September 10, 2018

Regulatory comment letter to the Centers for Medicare and Medicaid Services on the Medicare Physi...

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VIEW ALL POLICY WORK

Our Members

We represent 14 healthcare delivery organizations, cooperatives and associations.



We Represent

Our members are comprised of:



121,000+
Employees



385
Hospitals

Critical Access, Acute Care, Surgical,
Children's, Long-Term, Psychiatric



28,700
Physicians



7,000
Licensed Hospital Beds

Become A Member

Be part of advancing value-based healthcare policy. Contact us to learn about joining the coalition.

JOIN US



More Sustainable Healthcare, Improved Patient Outcomes

The philosophy of value-based care focuses on practices that promote measurable, high-quality care focused on the overall patient experience. Members of the Healthcare Quality Coalition are driven to achieve better outcomes for patients at a lower cost. By assisting policymakers in addressing critical issues in the industry, the coalition positively affects those in the healthcare system now and for future generations.

VALUE-BASED CARE

Our History

The HQC formed as a consensus-driven, ad-hoc group in 2009 during the deliberations of the Affordable Care Act to urge Congress to focus on value-based care policy. Comprised of health systems, cooperatives, physician groups, and medical and hospital associations, the HQC was successful in collaborating with policy champions to establish statutes to reimburse hospitals and physicians based on value. Although still built on the fee-for-service chassis, policies such as the physician value-based payment modifier, and hospital value-based purchasing laid the groundwork for integrating quality and cost measures into how physicians and hospitals are reimbursed for services. The HQC also worked with key members to secure studies commissioned by the Institute of Medicine on geographic disparities and payment adjustment policies based on the location of where services are provided.

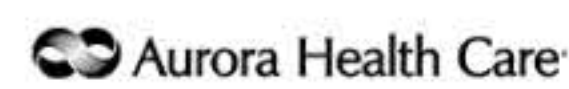
The coalition formalized in 2011 and steadfastly focused on the implementation of the programs enacted in the Affordable Care Act. Through promoting value based on quality and cost focused on measures of outcomes, the HQC stood at the forefront of supporting policy to aggressively move programs forward to achieve the goal of better patient care at lower cost.

In 2015, Congress enacted the Medicare Access and CHIP Reauthorization Act (MACRA), aimed at repealing the antiquated sustainable growth rate formula. However, much of the policy framework oriented on value-based care, and not only repealing a spending formula. With this, existing programs in Medicare Part B, including the Physician Value Modifier, were consolidated into a new initiative known as the Quality Payment Program. The coalition continues engage on implementation of the QPP to move value-based care forward.

Moving forward, the HQC continues to be interested in legislatively improving the existing hospital value and pay-for-performance programs. In addition, the coalition intends to partner on policy issues to remove regulatory and administrative barriers to care that neither improve health or lower cost. Finally, a continuous strategy is engaging with regulatory officials on legacy performance programs and emerging payment models aimed at moving away from fee-for-service. Learn more about our current policy work [here](#).

Our Members

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Become A Member

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Policy Work

Advancing Value-Based Policy in Medicare Hospital and Clinical Services

The HQC is focused on the implementation of legacy and development emerging pay-for-performance policies and programs for hospitals and clinicians. Learn more about Hospital and Physician value-based programs and policies in Medicare.

Current Policy Initiatives



Medicare Part A: Hospital Services

Formed in the Affordable Care Act, the HQC advocates to reward value-based care, engaging on the implementation of Hospital Value-based Purchasing, Hospital Readmission Reduction, and Healthcare Acquired Conditions through the annual Inpatient Prospective Payment System (IPPS).

[LEARN MORE](#)



Medicare Part B: Physician and Clinician Services

During Affordable Care Act deliberations, the HQC urged Congress to link payment to quality and cost of care, resulting in the inclusion of the Physician Value Based Payment Modifier.


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Coalition Policy


To catch up on the HQC's latest policy work, download the testimonies, comments and letters PDFs below.


2018

 **October 26, 2018**
Comments to the Health and Human Services, Office of Inspector General on the Medicare and State Health Care Programs: Fraud and Abuse; Request for Information Regarding the Anti-Kickback Statute and Beneficiary Inducements Civil Monetary Penalty (RIN 0936-AA10).
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 **October 15, 2018**
Regulatory comment letter to the Centers for Medicare and Medicaid Services on the Medicare Shared Savings Accountable Care Organization program.
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 **September 10, 2018**
Regulatory comment letter to the Centers for Medicare and Medicaid Services on the Medicare Physician Fee Schedule and Quality Payment Program.
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 **August 24, 2018**
Regulatory comment letter in response to the Request for Information Regarding the Physician Self-Referral Law, known as the "Stark Law" (CMS-1720-NC).
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 **July 31, 2018**
Testimony in for the Ways and Means Committee, Subcommittee on Health Hearing on Modernizing Stark Law to Ensure the Successful Transition from Volume to Value in the Medicare Program held on July 18.
[Download Full Comment](#)


 **June 25, 2018**
Comment letter in response to the FY 2018 Inpatient Prospective Payment System proposed rule on Hospital Value-based Purchasing, Hospital Inpatient Quality Reporting Program, Hospital-acquired Conditions penalty program, and the Hospital Readmissions Reduction Program.
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2017


 **November 20, 2017**
Comment letter in response to the Centers for Medicare and Medicaid Innovation Request for Information on new direction.
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 **August 21, 2017**
HQC submits comments on the implementation of the Quality Payment Program.
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 **June 5, 2017**
HQC submits comments on the FY 2018 Inpatient Prospective Payment System proposed rule on Hospital Value-based Purchasing, Hospital Inpatient Quality Reporting Program, Hospital-acquired Conditions penalty program, and the Hospital Readmissions Reduction Program.
[Download Full Comment](#)


 **June 1, 2017**
HQC submits testimony in response to the Committee on Ways and Means, Subcommittee on Health on "Current Status of the Medicare Program, Payment Systems, and Extenders."
[Download Full Comment](#)

2016

 **December 19, 2016**
Comment letter on the CY 2017 final rule implementing the Medicare Access and CHIP Reauthorization Act (MACRA), focused on the implementation of the Medicare Part B Quality Payment Program.
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 **August 10, 2016**
Comment letter on the CY 2017 Physician Fee Schedule Proposed Rule.
[Download Full Comment](#)


 **June 27, 2016**
Comment letter on the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA). Focus on the implementation of the Medicare Quality Payment Program (QPP); Merit-based incentive payment system (MIPS) and advanced Alternative Payment Models.
[Download Full Comment](#)


 **June 16, 2016**
Comment letter in response to the FY 2017 Inpatient Prospective Payment System (IPPS) proposed rule on Hospital Value-based Purchasing, Hospital Inpatient Quality Reporting Program, Hospital-acquired Conditions penalty program, and the Hospital Readmissions Reduction Program.
[Download Full Comment](#)


 **March 29, 2016**
Testimony to the House of Representatives Ways and Means Subcommittee on Health Hearing "Strengthening and Preserving Medicare."
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 **March 1, 2016**
Comment letter in response to the CMS MACRA Quality Measure Development Plan.
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2015

 **November 17, 2015**
Comment letter in response to the Request for Information implementing the Medicare Access and CHIP Reauthorization Act.
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 **September 8, 2015**
Comment letter in response to the Comprehensive Care Joint Replacement bundled payment proposal.
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 **September 8, 2015**
Comment letter in response to the CY 2016 Physician Fee Schedule proposed rule on the Physician Value-based Payment Modifier, Geographic Adjustment Policy, and the Merit-based Incentive Payment System.
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 **June 16, 2015**
Comment letter in response to the FY 2016 Inpatient Prospective Payment Proposed Rule on Hospital Value-Based Purchasing, Hospital Readmissions Reduction, and Hospital-Acquired Conditions Program.
[Download Full Comment](#)

 **March 25, 2015**
Letter to the House of Representatives Speaker Boehner and Minority Leader Pelosi in support of H.R. 2 - the Medicare Access and CHIP Reauthorization Act of 2015.
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 **February 6, 2015**
Testimony in response to the House of Representatives Energy & Commerce Committee, Subcommittee on Health hearing "A Permanent Solution to the SGR: The Time is Now."
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2014


 **August 28, 2014**
Comment letter in response to the CY 2015 Physician Fee Schedule Proposed Rule implementing the Physician Value-based Payment Modifier.
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 **June 27, 2014**
HQC response to the request for comments relating to the Hospital Value-Based Purchasing (VBP) Program described in the Hospital Inpatient Prospective Payment System (IPPS) proposed rule for FY 2015.
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2013

 **September 6, 2013**
Comment letter in response to the CY 2014 Physician Fee Schedule proposed rule implementing the Physician Value-based Payment Modifier.
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 **June 25, 2013**
Comment letter in response to the FY 2014 Inpatient Prospective Payment System Proposed Rule implementing Hospital Value-based Purchasing, Hospital-Acquired Conditions, and Readmissions Reduction programs.
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 **May 30, 2013**
Letter to the Senate Committee on Finance on the reforming the Sustainable Growth Rate spending formula in Medicare.
[Download Full Comment](#)

 **April 15, 2013**
Letter to the House of Representatives Ways and Means Committee and Energy and Commerce Committee on the reforming the Sustainable Growth Rate spending formula in Medicare.
[Download Full Comment](#)

2012

 **September 4, 2012**
Comment letter in response to the CY 2013 Physician Fee Schedule proposed rule implementing the Physician Value-based Payment Modifier.
[Download Full Comment](#)

 **June 25, 2012**
HQC response to the request for comments relating to the hospital value-based purchasing (VBP) program described in the Hospital Inpatient Prospective Payment System (IPPS) proposed rule for FY 2013.
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Hospital Value-Based Policy

HQC works to improve hospital value by actively engaging in the annual Inpatient Prospective Payment System (IPPS) rule making process. By assisting policymakers address critical issues in the industry, the coalition moves policies forward toward the goal of achieving better patient care at lower cost.



Legislative Strategy

The HQC's interests in hospital value policy extends beyond the implementation of legacy performance programs. Through legislative strategies, the HQC works with lawmakers to improve hospital value through:

- Consolidate and reform existing penalty-only programs into an improved Hospital Value-Based Purchasing Program, offering incentives and rewards for high performance
- Improve efficiency as a unit of value by modifying the improved Hospital Value-Based Purchasing program to balance measures of quality with cost
- Advance value-based care by increasing the amount of payment tied to hospital performance
- Eliminate overlap with quality measures between separate hospital performance programs
- Provide opportunities for developing and expanding hospital-based Alternative Payment Models

Regulatory Efforts

The HQC advocates for payment policy to reward value-based care. Enacted as part of the Affordable Care Act, we engage with stakeholders and policymakers on the implementation of the following hospital performance programs:

- Hospital Value-Based Purchasing
- Hospital Readmission Reduction
- Healthcare Acquired Conditions

Latest Coalition Policy Work

The HQC continues to provide feedback and comments to the Centers for Medicare and Medicaid Services on the implementation of these programs through the annual Inpatient Prospective Payment System (IPPS) rule making process. Click the following links below to view our past letters in response to proposed policies impacting hospital value programs:



October 15, 2018

Regulatory comment letter to the Centers for Medicare and Medicaid Services on the Medicare Share...

[Download Full Comment](#)



June 25, 2018

Comment letter in response to the FY 2018 Inpatient Prospective Payment System proposed rule on H...

[Download Full Comment](#)



June 5, 2017

HQC submits comments on the FY 2018 Inpatient Prospective Payment System proposed rule on Hospita...

[Download Full Comment](#)



June 16, 2016

Comment letter in response to the FY 2017 Inpatient Prospective Payment System (IPPS) proposed ru...

[Download Full Comment](#)



June 16, 2015

Comment letter in response to the FY 2016 Inpatient Prospective Payment Proposed Rule on Hospital...

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June 27, 2014

HQC response to the request for comments relating to the Hospital Value-Based Purchasing (VBP) Pr...

[Download Full Comment](#)

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