

H.R. 5347, the *Health Care Efficiency Through Flexibility Act*Reps. Buchanan (R-FL), Panetta (D-CA)

Background:

- Accountable Care Organizations (ACOs) are groups of providers participating in a value-based care initiative to reduce spending and improve health care quality.
 - In 2025, 476 ACOs comprised of 655,725 medical providers delivering care to more than 11.2 million Traditional Medicare beneficiaries.
 - Over 10,000 participant providers are at federally qualified health centers, rural health clinics, and critical access hospitals.
 - ACOs have saved Medicare more than \$12 billion over their 13-year history.
- To participate, ACOs must submit quality measure data to the Centers for Medicare & Medicaid Services (CMS) to inform their performance and shared savings awards – a time consuming and expensive process.
 - One health system reported spending over \$5.6 million on quality reporting in 2018, with over \$600,000 paid to vendors and more than 100,000 hours of staff time.
 - Some ACOs may use more than 15 different electronic health record (EHR) platforms with different levels of sophistication, leading to data challenges.
- Electronic data such as digital quality measures (dQMs) have the potential to be
 95% less expensive to report than traditional quality measures, potentially yielding up to \$14 billion in national health care savings.
- CMS has failed to commit to a stable framework of quality reporting or provide a comprehensive timeline for transitioning ACOs to dQMs. This uncertainty is especially challenging for safety net or rural providers.

The Health Care Efficiency Through Flexibility Act:

- Ensures stability in quality measure reporting methods through 2030, providing certainty and flexibility for smaller provider practices with less sophisticated EHRs.
- Creates a **dQM pilot program** to prepare ACOs to modernize reporting and test best practices in quality measurement reporting.