



Improving the Quality of Care for All Americans

The *Patient Protection and Affordable Care Act* and the *Health Care and Education Reconciliation Act* make substantial investments to improve the quality and delivery of care and support research to inform consumers about patient outcomes resulting from different approaches to treatment and care delivery.

Establishes a National Quality Strategy

- ✓ Facilitates adoption of a national quality strategy including priorities and goals for quality improvement with input from multi-stakeholder organizations.
- ✓ Authorizes grants or contracts to support the development and endorsement of quality measures and the dissemination of measures.
- ✓ Supports the collection, aggregation, and analysis of quality data and supports public reporting of performance on quality.

Patient-Centered Outcomes Research Institute

- ✓ Establishes an independent, non-profit Institute governed by public and private sector representatives to provide for research that helps inform the decisions of patients and providers regarding the clinical effectiveness of different medical treatments and services available for the same condition.
- ✓ Authorizes contracts for public or private entities to conduct the research agenda.
- ✓ Disseminates research findings through the Agency for Healthcare Research and Quality from the Institute and other government-funded sources.
- ✓ Funds the Institute with contributions from public payers and an assessment on health insurance plans.

Health Delivery System Research Center

- ✓ Allows the Agency for Healthcare Research and Quality to conduct research on health delivery system improvement and best practices that improve the quality, safety, and efficiency of health care delivery.
- ✓ Supports the dissemination of practice models as rapidly as possible that have been shown to improve care, reduce errors, and increase efficiency.

Creation of a Medicare and Medicaid Innovation Center

- ✓ Requires the Centers for Medicare & Medicaid Services (CMS) to develop and test innovative payment and care delivery models that emphasize coordination of care, quality improvement, and efficiency.
- ✓ Provides \$10 billion to support initial programs over the next 10 years, but the Congressional Budget Office projects the Center will save more than it spends over the decade.

Medicare and Medicaid Quality Initiatives

- ✓ Creates Medicare payment policies to promote quality outcomes including hospital and physician value-based purchasing and incentives for quality reporting and improvement for all Medicare providers.
- ✓ Establishes a national Accountable Care Organization program, bundling payments for an episode of care, and reducing preventable hospital admissions to improve health care quality.
- ✓ Authorizes development of a core set of quality measures for use in Medicaid programs and a national Medicaid Quality Measurement Program based on required State reporting and public disclosure.
- ✓ Adjusts payments for high quality Medicare Advantage plans.

Quality Improvement in Private Health Plans

- ✓ Requires plans offered in an Exchange to reward quality by including payment incentives related to quality reporting, case management, chronic disease management, prevention of avoidable hospital admissions, improvement in patient safety, and promotion of wellness initiatives.
- ✓ Requires health insurance plans in the Exchange to limit contracts with hospitals with more than 50 beds to those with patient safety evaluation systems and comprehensive discharge planning programs.