

eHealth Initiative Health Reform Summary Provisions Related to Health IT & Patient Education

March 26, 2010

Congress has completed the yearlong effort to enact sweeping health care reform legislation. The bill signed into law by President Obama on March 23, combined with the *Health Care and Education Reconciliation Act* amendments, is estimated to provide coverage to 32 million Americans and reduce the deficit by \$143 billion over the next 10 years.

The health IT-related provisions in the *Patient Protection and Affordable Care Act* are intended to build upon the foundation laid by the significant investment in health IT included in the *American Recovery and Reinvestment Act (ARRA)*. This new law includes many provisions that interact with health IT including:

- New care delivery models that will rely on the use of health IT to improve quality and increase efficiency
- Programs that will utilize secondary uses of health information to enable comparative effectiveness research and improvements in public health
- Health IT standards and protocols to ease clerical burdens, simplify work flows, and facilitate reporting
- Patient education programs that could be enabled through health IT systems

eHealth Initiative has reviewed the new health reform laws and summarized the provisions related to health IT and patient education. The provisions of interest are organized into five categories:

1. Data Collection/Reporting
2. Standards/Measures
3. Payment Reform
4. Research/Secondary Use
5. Patient Education

If you have questions or would like more information please contact:

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Data Collection/Reporting		
Sec. 1001 – Ensuring Quality of Care	17	Requires the Secretary to develop guidelines for use by health insurers to report information on initiatives and programs that improve health outcomes through the use of care coordination and chronic disease management, prevent hospital readmissions and improve patient safety, and promote wellness and health. Guidelines to be developed 2 years after enactment.
Sec. 3002 - Improvements to the Physician Quality Reporting Initiative	245	<p>Extends payments under the PQRI program, which provide incentives to physicians who report quality data to Medicare.</p> <p>Requires the Secretary, by January 1, 2012, to develop a plan to integrate reporting on quality measures with reporting requirements relating to the meaningful use of electronic health records.</p>
Sec. 3003 - Improvements to the Physician Feedback Program	248	Expands Medicare’s physician resource use feedback program to provide for development of individualized reports by 2012. Reports will compare the per capita utilization of physicians (or groups of physicians) to other physicians who see similar patients. Reports will be risk-adjusted and standardized to take into account local health care costs.
Sec. 3015 - Data Collection; Public Reporting	269	<p>Requires the Secretary to collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery, and may award grants or contracts for this purpose.</p> <p>Requires the Secretary to align such collection and aggregation efforts with the requirements and assistance regarding the expansion of health information technology systems, the interoperability of such technology</p>

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		systems, and related standards that are in effect.
Sec. 10331 - Public Reporting of Performance Information	848	Requires the Secretary of HHS to develop a "Physician Compare" website where Medicare beneficiaries can compare scientifically-sound measures of physician quality and patient experience measures.
Sec. 10332 - Availability of Medicare Data for Performance Measurement	850	Authorizes the release and use of standardized extracts of Medicare claims data to measure the performance of providers and suppliers in ways that protect patient privacy and in accordance with other requirements.
Sec. 10330 - Modernizing Computer and Data Systems of the CMS to Support Improvements in Care Delivery	847	Requires the Secretary of HHS to develop a plan (and a detailed budget for the resources needed to implement such plan) to modernize the computer and data systems of the Centers for Medicare & Medicaid Services to support improvements in care delivery.
Standards/Measures		
Sec. 1104 – Administrative Simplification	28	<p>Accelerates HHS adoption of uniform standards and operating rules for the electronic transactions that occur between providers and health plans that are governed under the Health Insurance Portability and Accountability Act (such as benefit eligibility verification, prior authorization and electronic funds transfer payments).</p> <p>Establishes a process to regularly update the standards and operating rules for electronic transactions and requires health plans to certify compliance or face financial penalties collected by the Treasury Secretary.</p> <p>The goal of this section is to make the health system more efficient by reducing the clerical burden on providers, patients, and health plans.</p>

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Sec. 1561 - Health Information Technology Enrollment Standards and Protocols	144	<p>Requires the development of standards and protocols to promote the interoperability of systems for enrollment of individuals in Federal and State health and human services programs. These standards shall allow for electronic data matching, and electronic documentation.</p> <p>The Secretary may require State or other entities to incorporate such standards as a condition of receiving Federal health information technology funds.</p>
Payment Reform		
Sec. 3021 - Center for Medicare and Medicaid Innovation	271	<p>Creates an Innovation Center within the Centers for Medicaid and Medicare Services (CMS) to test, evaluate, and expand different payment structures and methodologies which aim to foster patient-centered care, improve quality, and slow the rate of Medicare cost growth. Objectives include:</p> <ul style="list-style-type: none"> • Supporting care coordination for chronically-ill Medicare beneficiaries at high risk of hospitalization through a health IT-enabled network that includes a chronic disease registry, home tele-health technology, and care oversight by the beneficiary's treating physician • Utilizing technology, such as electronic health records and patient-based remote monitoring systems, to coordinate care over time
Sec. 3502 - Grants or Contracts to Establish Community Health Teams to Support the Patient-Centered Medical Home	395	<p>Creates a program to establish and fund the development of community health teams to support the development of medical homes by increasing access to comprehensive, community based, coordinated care. Among the criteria required of Community Health Teams:</p>

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		<ul style="list-style-type: none"> • Demonstrate a capacity to implement and maintain health information technology that meets the requirements of certified EHR technology to facilitate coordination among members of the applicable care team and affiliated primary care practices
Sec. 3022 – Medicare Shared Savings Program (Accountable Care Organizations)	277	<p>Establishes a shared savings program that promotes accountability for a patient population and coordinates items and services under parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.</p> <p>Among numerous other criteria, the ACO will be required to define processes to promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.</p> <p>The Secretary may incorporate reporting requirements and incentive payments related to the physician quality reporting initiative (PQRI), including such requirements and such payments related to electronic prescribing, electronic health records, and other similar initiatives.</p>
Sec. 3025 – Hospital Readmission Reduction Program	290	<p>Beginning in 2012, this provision would adjust payments for hospitals paid under the inpatient prospective payment system based on the dollar value of each hospital’s percentage of potentially preventable Medicare readmissions for determined conditions.</p> <p>Hospitals will be required to report on readmission rates and this information will be posted on the Hospital Compare website.</p>

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Sec. 3023 - National Pilot Program on Payment Bundling	281	<p>Establishes a pilot program for integrated care during an episode of care around a hospitalization in order to improve the coordination, quality, and efficiency of health care services.</p> <p>Establishes quality measures and requires, to the extent practicable, that data on measures be submitted through the use of a qualified electronic health record.</p>
Sec. 3024 - Independence at Home Demonstration Program	286	<p>Creates a new demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery system that utilizes physician and nurse practitioner directed home-based primary care teams aimed at reducing expenditures and improving health outcomes.</p> <p>In approving an independence at home medical practice, preference will be given to practices that meet the following criteria:</p> <ul style="list-style-type: none"> • Located in high-cost areas of the country • Have experience in furnishing health care services to applicable beneficiaries in the home • Use electronic medical records, health information technology, and individualized plans of care
Research/Secondary Use		
Sec. 6301 - Patient Centered Outcomes Research	609	<p>Establishes a private, nonprofit entity -- the Patient-Centered Outcomes Research Institute -- to identify priorities for and provide for the conduct of comparative outcomes research.</p> <p>Provides funding for the coordination of relevant Federal health programs to</p>

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		<p>build data capacity for comparative clinical effectiveness research, including the development and use of clinical registries and health outcomes research data networks, in order to develop and maintain a comprehensive, interoperable data network to collect, link, and analyze data on outcomes and effectiveness from multiple sources, including electronic health records.</p> <p>Prohibits any findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards to protect against discriminatory coverage decisions by HHS based on age, disability, terminal illness, or an individual's quality of life preference.</p>
Section 3011 - National Strategy to Improve Health Care Quality	260	<p>Direct the Secretary to establish a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health. In developing these priorities, among other items, the Secretary would consider how the priorities would enhance the use of health care data to improve quality, efficiency, transparency, and outcomes.</p> <p>The strategic plan to address the priorities will, among other things, incorporate quality improvement and measurement in the strategic plan for health information technology required by ARRA.</p>
Sec. 4301 - Research on Optimizing the Delivery of Public Health Services	460	<p>The Secretary, acting through the Director of CDC, shall provide funding for research in the area of public health services and systems. Research supported will include:</p> <ul style="list-style-type: none"> • Examining evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Secretary in

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		<p>the National Prevention Strategy or Healthy People 2020, and including comparing community-based public health interventions in terms of effectiveness and cost</p> <ul style="list-style-type: none"> • Analyzing the translation of interventions from academic settings to real world settings • Identifying effective strategies for organizing, financing, or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost
<p>Sec. 4302 - Understanding Health Disparities; Data Collection and Analysis</p>	<p>460</p>	<p>Ensures that any ongoing or new Federal health program achieve the collection and reporting of data by race, ethnicity, primary language and any other indicator of disparity. The Secretary will analyze data collected to detect and monitor trends in health disparities and disseminate this information to the relevant Federal agencies.</p> <p>In collecting data the Secretary, acting through the National Coordinator for Health Information Technology will:</p> <ul style="list-style-type: none"> • Develop national standards for the management of data collected • Develop interoperability and security systems for data management
<p>Sec. 3501 - Health Care Delivery System Research; Quality Improvement Technical Assistance</p>	<p>389</p>	<p>Builds on the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (AHRQ) to support research, technical assistance and process implementation grants. Grants funded under this section will identify, develop, evaluate, disseminate, and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services.</p>

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Patient Education		
Sec. 3506 – Program to Facilitate Shared Decision Making	409	<p>Establishes a program at HHS for the development, testing, and disseminating of educational tools to help patients, caregivers, and authorized representatives understand their treatment options.</p> <p>Provides grants to health care providers for the development and implementation of shared decision-making techniques and to assess the use of such techniques.</p>
Sec. 3021 - Center for Medicare and Medicaid Innovation	271	<p>Creates an Innovation Center within the Centers for Medicaid and Medicare Services (CMS) to test, evaluate, and expand different payment structures and methodologies which aim to foster patient-centered care, improve quality, and slow the rate of Medicare cost growth. Objectives include:</p> <ul style="list-style-type: none"> • Assisting individuals in making informed health care choices by paying providers of services and suppliers for using patient decision-support tools that improve individual and caregiver understanding of medical treatment options

Content sources include: Democratic Policy Committee; Nandan Kenkeremath, consultant to eHealth Initiative