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Topics

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## **Federal Efforts to Improve Healthcare Quality**

The Patient Protection and Affordable Care Act (ACA) has many provisions attempting to improve the quality of healthcare services. Under these provisions the Department of Health and Human Services (HHS) has begun to implement several initiatives to link quality measures to Medicare purchasing and healthcare.

In April 2011, the Centers for Medicare and Medicaid Services (CMS) released hospital-specific patient safety data on hospital acquired conditions (HACs) for the nation's 4,700 hospitals. Quality data have been available to the general public since 2007 on CMS's "Hospital Compare" website; however this release is the first to give hospital specific data on HACs, i.e., hospital errors. "Hospital Compare" provides information such as hospital rates of patient satisfaction, adherence to protocols, and 30-day mortality and readmission rates for certain conditions. CMS has stated that transparency of hospital-specific HAC data is essential for patients if they are to make informed decisions about their healthcare. 3

The American Hospital Association (AHA) and other hospital groups have opposed the release of this data. The organizations argue that because CMS failed to explain how the rates are calculated, it is impossible for other groups to assess the accuracy of the data. The Vice President of the AHA, Nancy Foster, commented in an interview that the data "is not a reliable reflection of patient safety issues in hospitals."

Among its many provisions addressing quality, the ACA stipulates for the creation of a hospital value-based purchasing program for Medicare, which will be designed to pay hospitals based on quality performance measures.<sup>5</sup> Medical errors, may present one method of measuring quality in hospitals; therefore HAC data may be essential to hospitals wishing to improve their medical error rates before the enactment of this provision on October 1, 2012. CMS intended the release of hospital-specific HAC data for the benefit of patients; however, the data may have implications for hospitals as health reform provisions become more clearly defined in the coming months. <sup>6</sup>

At the same time as HAC data is being made readily available, additional quality measures mandated by the ACA are also taking shape, such as the establishment of a *National Strategy for Quality Improvement in Health* 

Care (the Strategy). Created by HHS, the Strategy aims to promote quality healthcare by incorporating evidence-based results of the latest research and scientific advances in clinical medicine, public health, and health care delivery through a three pronged approach: Better Care, Healthy People / Healthy Communities, and Affordable Care. By fostering better working delivery systems for clinicians through the reduction in administrative burdens and increasing collaboration to improve care, the strategy attempts to push forward the major tenants of healthcare reform: patient-centered quality care, access, and affordability. Better Care and Strategy attempts to push forward the major tenants of healthcare reform: patient-centered quality care, access, and affordability.

Research and input from a broad range of stakeholders have formulated priorities to rapidly improve healthcare outcomes. The priorities include:

- Making care safer by reducing harm caused in the delivery of care;
- Ensuring that each person and family is engaged as partners in their care;
- Promoting effective communication and coordination of care:
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease;
- Working with communities to promote wide use of best practices to enable healthy living; and,
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Because communities have dissimilar resources and desired needs, there will be different paths taken to achieve these priorities. It is a goal of the strategy to assure that efforts are local, while also remaining consistent with shared national aims.<sup>9</sup>

Both the strategy and HAC data look to improve the quality of healthcare on a national scale. Incentivized by legislation (the ACA) and reimbursement (Medicare purchasing), they a major step in realizing the quality goals set by healthcare reform.

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- "CMS Releases Hospital Error, Injury Data" By Emily P. Walker, MedPage Today, http://www.medpagetoday.com/tbprint.cfm?tbid=25816 (Accessed 4/11/11).
- "CMS Releases Hospital Error, Injury Data" By Emily P. Walker, MedPage Today, http://www.medpagetoday.com/tbprint.cfm?tbid=25816 (Accessed 4/11/11).
- 3 "CMS Releases Hospital Error, Injury Data" By Emily P. Walker, MedPage Today, http://www.medpagetoday.com/tbprint.cfm?tbid=25816 (Accessed 4/11/11).
- 4 "New list offers hospital-specific data on patient safety" By Judith Graham, Chicago Tribune, Accessed at http://www.chicagotribune.com/health/ct-met-hospital-errors-20110410,0,4500187.story (Accessed 4/11/11).
- <sup>5</sup> "Patient Protection and Affordable Care Act" Pub. L. 111-148, Section 3001,124 STAT 353-354 (March 23, 2010).

- "Summary of New Health Reform Law" The Henry J. Kaiser Family Foundation, March 26, 2010, p. 9, Accessed at http://www.kff.org/healthreform/upload/8061.pdf (Accessed 4/11/11).
- "HHS Unveils Quality-Improvement Strategy" By Maureen McKinney, ModernHealthcare.com, March 21, 2011, http://www.modernhealthcare.com/article/20110321/NEWS/303 219922 (Accessed 4/14/11); "Patient Protection and Affordable Care Act" Pub. L. 111-148, Section 3011,124 STAT 378 (March 23, 2010).
- <sup>8</sup> "National Strategy for Quality Improvement in Health Care" U.S. Department of Health and Human Services, U.S. Congress, Washington D.C., March 201.1
- "National Strategy for Quality Improvement in Health Care" U.S. Department of Health and Human Services, U.S. Congress, Washington D.C., March 2011.

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