

SEC. 3501. HEALTH CARE DELIVERY SYSTEM RESEARCH; QUALITY IMPROVEMENT TECHNICAL ASSISTANCE.

Part D of title IX of the Public Health Service Act, as amended by section 3013, is further amended by adding at the end the following:

“Subpart II—Health Care Quality Improvement Programs

“SEC. 933 [42 U.S.C. 299b–33]. HEALTH CARE DELIVERY SYSTEM RESEARCH.

“(a) PURPOSE.—The purposes of this section are to—

“(1) enable the Director to identify, develop, evaluate, disseminate, and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services that represent best practices (referred to as ‘best practices’) in health care quality, safety, and value; and

“(2) ensure that the Director is accountable for implementing a model to pursue such research in a collaborative manner with other related Federal agencies.

“(b) GENERAL FUNCTIONS OF THE CENTER.—The Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (referred to in this section as the ‘Center’), or any other relevant agency or department designated by the Director, shall—

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“(1) carry out its functions using research from a variety of disciplines, which may include epidemiology, health services, sociology, psychology, human factors engineering, biostatistics, health economics, clinical research, and health informatics;

“(2) conduct or support activities consistent with the purposes described in subsection (a), and for—

“(A) best practices for quality improvement practices in the delivery of health care services; and

“(B) that include changes in processes of care and the redesign of systems used by providers that will reliably result in intended health outcomes, improve patient safety, and reduce medical errors (such as skill development for health care providers in team-based health care delivery and rapid cycle process improvement) and facilitate adoption of improved workflow;

“(3) identify health care providers, including health care systems, single institutions, and individual providers, that—

“(A) deliver consistently high-quality, efficient health care services (as determined by the Secretary); and

“(B) employ best practices that are adaptable and scalable to diverse health care settings or effective in improving care across diverse settings;

“(4) assess research, evidence, and knowledge about what strategies and methodologies are most effective in improving health care delivery;

“(5) find ways to translate such information rapidly and effectively into practice, and document the sustainability of those improvements;

“(6) create strategies for quality improvement through the development of tools, methodologies, and interventions that can successfully reduce variations in the delivery of health care;

“(7) identify, measure, and improve organizational, human, or other causative factors, including those related to the culture and system design of a health care organization, that contribute to the success and sustainability of specific quality improvement and patient safety strategies;

“(8) provide for the development of best practices in the delivery of health care services that—

“(A) have a high likelihood of success, based on structured review of empirical evidence;

“(B) are specified with sufficient detail of the individual processes, steps, training, skills, and knowledge required for implementation and incorporation into workflow of health care practitioners in a variety of settings;

“(C) are designed to be readily adapted by health care providers in a variety of settings; and

“(D) where applicable, assist health care providers in working with other health care providers across the continuum of care and in engaging patients and their families in improving the care and patient health outcomes;

“(9) provide for the funding of the activities of organizations with recognized expertise and excellence in improving the delivery of health care services, including children’s health

care, by involving multiple disciplines, managers of health care entities, broad development and training, patients, caregivers and families, and frontline health care workers, including activities for the examination of strategies to share best quality improvement practices and to promote excellence in the delivery of health care services; and

“(10) build capacity at the State and community level to lead quality and safety efforts through education, training, and mentoring programs to carry out the activities under paragraphs (1) through (9).

“(c) RESEARCH FUNCTIONS OF CENTER.—

“(1) IN GENERAL.—The Center shall support, such as through a contract or other mechanism, research on health care delivery system improvement and the development of tools to facilitate adoption of best practices that improve the quality, safety, and efficiency of health care delivery services. Such support may include establishing a Quality Improvement Network Research Program for the purpose of testing, scaling, and disseminating of interventions to improve quality and efficiency in health care. Recipients of funding under the Program may include national, State, multi-State, or multi-site quality improvement networks.

“(2) RESEARCH REQUIREMENTS.—The research conducted pursuant to paragraph (1) shall—

“(A) address the priorities identified by the Secretary in the national strategic plan established under section 399HH;

“(B) identify areas in which evidence is insufficient to identify strategies and methodologies, taking into consideration areas of insufficient evidence identified by the entity with a contract under section 1890(a) of the Social Security Act in the report required under section 399JJ;

“(C) address concerns identified by health care institutions and providers and communicated through the Center pursuant to subsection (d);

“(D) reduce preventable morbidity, mortality, and associated costs of morbidity and mortality by building capacity for patient safety research;

“(E) support the discovery of processes for the reliable, safe, efficient, and responsive delivery of health care, taking into account discoveries from clinical research and comparative effectiveness research;

“(F) allow communication of research findings and translate evidence into practice recommendations that are adaptable to a variety of settings, and which, as soon as practicable after the establishment of the Center, shall include—

“(i) the implementation of a national application of Intensive Care Unit improvement projects relating to the adult (including geriatric), pediatric, and neonatal patient populations;

“(ii) practical methods for addressing health care associated infections, including Methicillin-Resistant *Staphylococcus Aureus* and Vancomycin-Resistant

Enterococcus infections and other emerging infections;
and

“(iii) practical methods for reducing preventable hospital admissions and readmissions;

“(G) expand demonstration projects for improving the quality of children’s health care and the use of health information technology, such as through Pediatric Quality Improvement Collaboratives and Learning Networks, consistent with provisions of section 1139A of the Social Security Act for assessing and improving quality, where applicable;

“(H) identify and mitigate hazards by—

“(i) analyzing events reported to patient safety reporting systems and patient safety organizations; and

“(ii) using the results of such analyses to develop scientific methods of response to such events;

“(I) include the conduct of systematic reviews of existing practices that improve the quality, safety, and efficiency of health care delivery, as well as new research on improving such practices; and

“(J) include the examination of how to measure and evaluate the progress of quality and patient safety activities.

“(d) DISSEMINATION OF RESEARCH FINDINGS.—

“(1) PUBLIC AVAILABILITY.—The Director shall make the research findings of the Center available to the public through multiple media and appropriate formats to reflect the varying needs of health care providers and consumers and diverse levels of health literacy.

“(2) LINKAGE TO HEALTH INFORMATION TECHNOLOGY.—The Secretary shall ensure that research findings and results generated by the Center are shared with the Office of the National Coordinator of Health Information Technology and used to inform the activities of the health information technology extension program under section 3012, as well as any relevant standards, certification criteria, or implementation specifications.

“(e) PRIORITIZATION.—The Director shall identify and regularly update a list of processes or systems on which to focus research and dissemination activities of the Center, taking into account—

“(1) the cost to Federal health programs;

“(2) consumer assessment of health care experience;

“(3) provider assessment of such processes or systems and opportunities to minimize distress and injury to the health care workforce;

“(4) the potential impact of such processes or systems on health status and function of patients, including vulnerable populations including children;

“(5) the areas of insufficient evidence identified under subsection (c)(2)(B); and

“(6) the evolution of meaningful use of health information technology, as defined in section 3000.

“(f) COORDINATION.—The Center shall coordinate its activities with activities conducted by the Center for Medicare and Medicaid

Innovation established under section 1115A of the Social Security Act.

“(g) FUNDING.—There is authorized to be appropriated to carry out this section \$20,000,000 for fiscal years 2010 through 2014.

“SEC. 934 [42 U.S.C. 299b–34]. QUALITY IMPROVEMENT TECHNICAL ASSISTANCE AND IMPLEMENTATION.

“(a) IN GENERAL.—The Director, through the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (referred to in this section as the ‘Center’), shall award—

“(1) technical assistance grants or contracts to eligible entities to provide technical support to institutions that deliver health care and health care providers (including rural and urban providers of services and suppliers with limited infrastructure and financial resources to implement and support quality improvement activities, providers of services and suppliers with poor performance scores, and providers of services and suppliers for which there are disparities in care among subgroups of patients) so that such institutions and providers understand, adapt, and implement the models and practices identified in the research conducted by the Center, including the Quality Improvement Networks Research Program; and

“(2) implementation grants or contracts to eligible entities to implement the models and practices described under paragraph (1).

“(b) ELIGIBLE ENTITIES.—

“(1) TECHNICAL ASSISTANCE AWARD.—To be eligible to receive a technical assistance grant or contract under subsection (a)(1), an entity—

“(A) may be a health care provider, health care provider association, professional society, health care worker organization, Indian health organization, quality improvement organization, patient safety organization, local quality improvement collaborative, the Joint Commission, academic health center, university, physician-based research network, primary care extension program established under section 399V–1, a Federal Indian Health Service program or a health program operated by an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act), or any other entity identified by the Secretary; and **[As revised by section 10501(f)(2)]**

“(B) shall have demonstrated expertise in providing information and technical support and assistance to health care providers regarding quality improvement.

“(2) IMPLEMENTATION AWARD.—To be eligible to receive an implementation grant or contract under subsection (a)(2), an entity—

“(A) may be a hospital or other health care provider or consortium or providers, as determined by the Secretary; and

“(B) shall have demonstrated expertise in providing information and technical support and assistance to health care providers regarding quality improvement.

“(c) APPLICATION.—

“(1) TECHNICAL ASSISTANCE AWARD.—To receive a technical assistance grant or contract under subsection (a)(1), an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing—

“(A) a plan for a sustainable business model that may include a system of—

“(i) charging fees to institutions and providers that receive technical support from the entity; and

“(ii) reducing or eliminating such fees for such institutions and providers that serve low-income populations; and

“(B) such other information as the Director may require.

“(2) IMPLEMENTATION AWARD.—To receive a grant or contract under subsection (a)(2), an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing—

“(A) a plan for implementation of a model or practice identified in the research conducted by the Center including—

“(i) financial cost, staffing requirements, and timeline for implementation; and

“(ii) pre- and projected post-implementation quality measure performance data in targeted improvement areas identified by the Secretary; and

“(B) such other information as the Director may require.

“(d) MATCHING FUNDS.—The Director may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“(e) EVALUATION.—

“(1) IN GENERAL.—The Director shall evaluate the performance of each entity that receives a grant or contract under this section. The evaluation of an entity shall include a study of—

“(A) the success of such entity in achieving the implementation, by the health care institutions and providers assisted by such entity, of the models and practices identified in the research conducted by the Center under section 933;

“(B) the perception of the health care institutions and providers assisted by such entity regarding the value of the entity; and

“(C) where practicable, better patient health outcomes and lower cost resulting from the assistance provided by such entity.

“(2) EFFECT OF EVALUATION.—Based on the outcome of the evaluation of the entity under paragraph (1), the Director shall

determine whether to renew a grant or contract with such entity under this section.

“(f) COORDINATION.—The entities that receive a grant or contract under this section shall coordinate with health information technology regional extension centers under section 3012(c) and the primary care extension program established under section 399V–1 regarding the dissemination of quality improvement, system delivery reform, and best practices information. *[As revised by section 10501(f)(2)]*”.