

### About This Series

In February 2010, the George Washington University School of Public Health and Health Services, Department of Health Policy released *Changing pO<sub>2</sub>licy: The Elements for Improving Childhood Asthma Outcomes*. The report provided a comprehensive look at childhood asthma prevalence, risk factors and disparities; described best practices for clinical care and disease management; and outlined evidence-based policy recommendations to improve the prevention, diagnosis, treatment, and long-term management of childhood asthma.

The report identified five essential elements for improving asthma outcomes in children:

- (1) Stable and continuous health insurance
- (2) High-quality clinical care, case management and asthma education available for all children
- (3) The ability to continuously exchange information and monitor progress, using health information technology
- (4) Reducing asthma triggers in homes and communities
- (5) Learning what works and increasing knowledge

Following the release of these recommendations, Congress passed the *Affordable Care Act* (ACA), emphasizing expanding access to private health insurance and Medicaid and reforming the healthcare delivery system to improve quality. The ACA includes provisions to eliminate health care disparities, strengthen public health programs and access to preventive services, invest in expanding and improving the health care workforce, and encourage care coordination and disease management.

Many ACA provisions correspond to recommendations in the *Changing pO<sub>2</sub>licy* report and have the potential to profoundly impact the prevention and treatment of childhood asthma.

This paper focuses on one of the five essential elements for improving asthma outcomes in children: **the ability to continuously exchange information and monitor progress, using health IT**. The accompanying chart describes ACA provisions and implementation activities that could be activated to help millions of children most at risk for asthma.

## Leveraging Affordable Care Act Opportunities to Improve Childhood Asthma Outcomes

*How advocacy organizations can mobilize around ACA provisions to improve health outcomes for millions of children most at risk for asthma*

### CONTINUOUS EXCHANGE OF INFORMATION AND MONITORING PROGRESS, USING HEALTH INFORMATION TECHNOLOGY

The 2010 *Changing pO<sub>2</sub>licy* report describes several essential elements that are critical to ensuring that comprehensive asthma treatment and management reach children in need. According to the report, providers, insurers, and public health agencies need to continuously exchange information and collaborate on efforts to monitor communities for asthma prevalence. Additionally, asthma stakeholders should use health information technology to better understand the progress of children in treatment and effective clinical and community interventions for addressing asthma.

The following chart describes *Affordable Care Act* (ACA) provisions and implementation activities that target health information technology and the exchange of health information. Regardless of whether a provision has been fully implemented or is still in progress, each presents a unique opportunity for policy and advocacy efforts to improve access to health insurance for children with asthma.

This review includes descriptions and implementation timelines of several ACA programs and initiatives, including:

- **Public reporting of provider performance information**
- **Patient safety and health care delivery system research**
- **New, uniform requirements for health disparities data collection and analysis**

Following descriptions of each ACA provision and related implementation activities, the chart describes potential areas for asthma stakeholder engagement, policy research and development, and advocacy action at the national, state and local levels.

## CONTINUOUS EXCHANGE OF INFORMATION USING HEALTH IT

DESCRIPTION OF PROVISION	RECENT IMPLEMENTATION ACTIVITIES	OPPORTUNITIES FOR CHILDHOOD ASTHMA POLICY/ADVOCACY
<b>PUBLIC REPORTING OF PROVIDER PERFORMANCE INFORMATION (SECTION 3015)</b>		
<p>Requires HHS to implement a strategic framework for publicly reporting provider performance information.</p> <p>The Secretary will make performance information available on a website, tailoring information to the differing needs of hospitals and other institutional health providers, physicians and other clinicians, patients, consumers, researchers, policymakers, and other stakeholders. Under the law, to the extent possible, all performance information is to be provider-specific and sufficiently disaggregated, and will include information regarding clinical conditions.</p>	<ul style="list-style-type: none"> <li>No implementation activities to date.</li> </ul>	<ul style="list-style-type: none"> <li><b>Potential Policy Action:</b> <i>Provider performance information could help pediatric asthma patients make decisions about their care. If and when this ACA provision is implemented, advocates could consider working with HHS to ensure that provider performance information is collected and reported in a way that is most useful to patients with asthma.</i></li> </ul>
<b>HEALTH CARE DELIVERY SYSTEM RESEARCH; QUALITY IMPROVEMENT TECHNICAL ASSISTANCE (SECTION 3501)</b>		
<p>Establishes a new Patient Safety Research Center to implement better system-wide practices for improving the quality, safety and value of health care service delivery. This new Center will operate under the Center for Quality Improvement and Patient Safety (which is part of the AHRQ), and will coordinate all of its activities with the Center for Medicare and Medicaid Innovation.</p> <p>The Center will support 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.</p>	<ul style="list-style-type: none"> <li>No implementation activities to date.</li> <li>Per the ACA, funding for these activities is authorized to be appropriated for FY2010-2014.</li> </ul>	<p>If and when this provision is implemented, one focus of the Center’s activity will be to use health information technology to improve health outcomes for children.</p> <p>The Institute of Medicine considers the role of information technology (IT) as critical in providing "safe, effective, patient centered, timely, efficient, and equitable" care with the potential to reduce health disparities in underserved populations. Research has shown that health IT tools that facilitate the assessment of asthma symptoms can help reduce barriers to access due to inadequate levels of English proficiency and health literacy. Health IT tools can also help physicians deliver evidence-based asthma treatment.</p> <ul style="list-style-type: none"> <li><b>Potential Policy Action:</b> <i>Advocates could consider asking HHS to implement this provision, advocating for a focus on health IT and childhood asthma.</i></li> </ul>
<b>UNDERSTANDING HEALTH DISPARITIES: DATA COLLECTION AND ANALYSIS (SECTION 4302)</b>		
<p>Under this provision, the HHS Secretary will ensure that any federally conducted or</p>	<ul style="list-style-type: none"> <li><u>October 31, 2011</u>: The Assistant Secretary for Planning and Evaluation (ASPE) issued</li> </ul>	<p>The new data standards include additional granularity for race and ethnicity, and new, uniform data collection requirements for self-reported language and English proficiency, disability status and sex. The enhanced data</p>

CONTINUOUS EXCHANGE OF INFORMATION USING HEALTH IT

DESCRIPTION OF PROVISION	RECENT IMPLEMENTATION ACTIVITIES	OPPORTUNITIES FOR CHILDHOOD ASTHMA POLICY/ADVOCACY
<p>supported health care or public health program, activity, or survey collects and reports:</p> <ul style="list-style-type: none"><li>• data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;</li><li>• data at the smallest geographic level such as state, local, or institutional level;</li><li>• sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language and disability status subgroups; and</li><li>• other demographic data deemed appropriate by the HHS Secretary regarding health disparities.</li></ul> <p>The National Coordinator for Health Information Technology will develop national standards for management of the data collected. HHS will report data and analysis publically. The data may also be made available for additional research, analysis, and dissemination to other federal agencies, non-governmental entities, and the public. Data collected by state Medicaid plans and for the Children’s Health Insurance Program will be consistent with these requirements.</p>	<p>implementation guidance for this provision. The guidelines adopt data collection standards for population surveys with self-report data. These guidelines are being implemented within the major HHS surveys.</p>	<p>resulting from the standards will increase HHS' ability to monitor health reform impacts on population subgroups. Data collection of this magnitude will be invaluable to understanding health disparities in asthma.</p> <ul style="list-style-type: none"><li>• <b><i>Potential Policy Action: Advocates could consider working with ASPE to ensure that data points important to childhood asthma disparities research are included. In addition, there may be opportunities to incorporate the NIH Asthma Outcomes data recommendations into ASPE’s work.</i></b></li></ul>