

THE HEALTH CARE REFORM

2012 Implementation Timeline (Key Elements)



ENCOURAGING INTEGRATED HEALTH SYSTEMS

January 1, 2012

The new law provides incentives for physicians to join together to form “[Accountable Care Organizations](#).” In these groups, doctors can better coordinate patient care and improve the quality, help prevent disease and illness, and reduce unnecessary hospital admissions. If Accountable Care Organizations provide high quality care and reduce costs to the health care system, they can keep some of the money that they have helped save.

UNDERSTANDING AND FIGHTING HEALTH DISPARITIES

March, 2012

To help understand and reduce persistent health disparities, the law requires any ongoing or new Federal health program to collect and report racial, ethnic and language data. The Secretary of Health and Human Services will use this data to help [identify and reduce disparities](#).

PROVIDING NEW, VOLUNTARY OPTIONS FOR LONG-TERM CARE INSURANCE

October 1, 2012

The law creates a voluntary long-term care insurance program – called CLASS -- to provide cash benefits to adults who become disabled.
[Learn more about the CLASS program](#)

REDUCING PAPERWORK AND ADMINISTRATIVE COSTS

October 1, 2012

Health care remains one of the few industries that relies on paper records. The new law will institute a series of changes to standardize billing and requires health plans to begin adopting and implementing rules for the secure, confidential, electronic exchange of health information. Using electronic health records will reduce paperwork and administrative burdens, cut costs, reduce medical errors and, most importantly, improve the quality of care.
[Learn how the law improves the health care system for providers, professionals, and patients](#)

LINKING PAYMENT TO QUALITY OUTCOMES

October 1, 2012

The law establishes a hospital [Value-Based Purchasing program \(VBP\)](#) in Original Medicare. This program offers financial incentives to hospitals to improve the quality of care. Hospital performance is required to be publicly reported, beginning with measures relating to heart attacks, heart failure, pneumonia, surgical care, health-care associated infections, and patients’ perception of care

See a full implementation timeline at <http://www.healthcare.gov/law/timeline/index.html>