

TRANSFORMING POST-ACUTE CARE

THROUGH STANDARDIZATION AND CARE COORDINATION



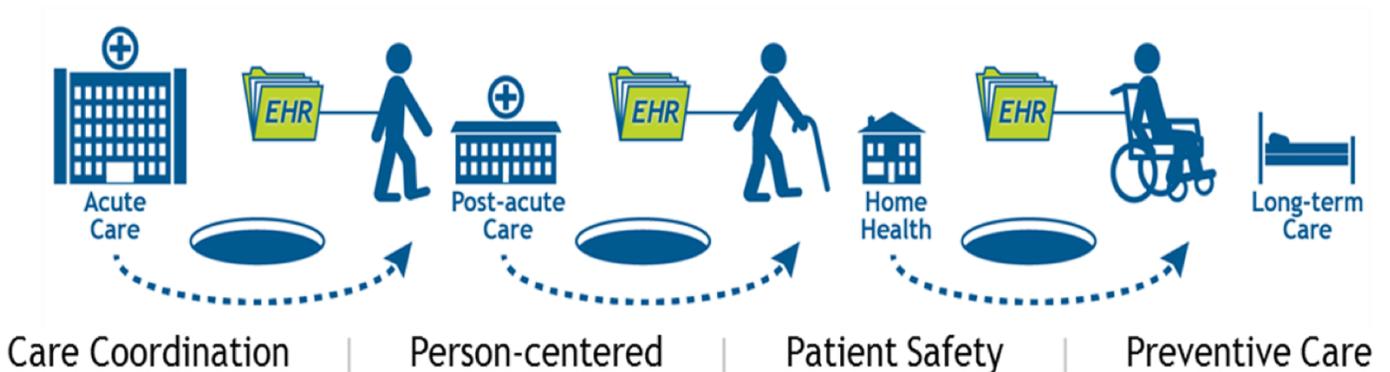
THE IMPACT ACT OF 2014

Patients discharged from hospitals to post-acute care (PAC) settings are currently evaluated with a variety of clinical assessment instruments across the four main PAC settings, including Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs) and Long-Term Care Hospitals (LTCHs). Data from these varied assessments are used for quality measurement and improvement, care planning, regulatory oversight and payment.

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act of 2014) requires standardized patient assessment data across PAC settings that will enable assessment and quality measure (QM) development, exchangeability of data, comparison of quality, coordination of care across and within the continuum of PAC settings, improved discharge planning, and improved patient outcomes. The IMPACT Act of 2014 enables transformation to a patient-centered, coordinated care system spanning the continuum of PAC settings, and provides tremendous opportunity to address the goals of the CMS Quality Strategy.

Data Standardization

Information follows the person leading to better care



CMS QUALITY STRATEGY:

BETTER CARE

HEALTHY PEOPLE,
HEALTHY COMMUNITIES

AFFORDABLE CARE

DEVELOPMENT OF PAC STANDARDIZED ASSESSMENT DATA ELEMENTS:

CMS contracted with the RAND Corporation and its partners Abt Associates and Qualidigm, to develop and test standardized assessment-based data elements across the PAC settings to meet the requirements of the IMPACT Act of 2014.

This project will be conducted over three years, from October 2015 – September 2018. Key project activities include:

- **Information gathering** including: *literature reviews* to identify best in class assessment items supported by evidence and expert and consumer input; *provider and consumer focus groups* to better understand how assessments are conducted in different PAC settings, and to obtain patient and family input on the assessment items; and *Technical Expert Panels* to obtain input from clinicians and academic researchers with expertise in PAC settings on potential assessment items;
- **Assessment item/Instrument development** based on the knowledge and consensus obtained through the information-gathering phase of the project;
- **Field data collection** to pilot test the standardized data elements for reliability, validity and ease of use in all four PAC settings; and
- **Analysis and reporting of findings from the field data collection.**

Assessment item development and testing will focus on the following assessment domains:

- **Cognitive function**, such as ability to express ideas and to understand, and mental status, such as depression and dementia.
- **Special services, treatments and interventions** such as the need for ventilator use, dialysis, chemotherapy, central line placement and total parenteral nutrition.
- **Medical conditions and co-morbidities** such as diabetes, congestive heart failure and pressure ulcers.
- **Impairments**, such as incontinence and an impaired ability to hear, see or swallow.

FIELD DATA COLLECTION:

- Random sampling of providers within selected markets with voluntary participation by sampled providers.
- First wave of data collection to begin August 2016, second wave to begin January 2017 and third wave to begin July 2017; providers will be sampled and recruited to voluntarily participate in each wave of data collection.

- Level of effort for participating providers in the first wave of data collection:
 - Up to two facility/agency staff members, preferably clinical staff who routinely conduct resident/patient assessments, to participate in a one and a half-day training on implementation of the assessment items;
 - Complete data collection on 15 new admissions within a ten-week data collection period; and
 - Accommodate research nurses as they complete their own series of assessments to evaluate inter-rater reliability and validity of the assessment items.

WHAT'S IN THIS FOR PAC PROVIDERS?

It is vitally important that PAC providers participate in this project to ensure that CMS assessment items are valid, reliable and useful across PAC settings. PAC providers who participate in the field testing will be provided an honorarium for their participation, and will have the opportunity to support efforts to transform and modernize the health care system to achieve CMS' vision of promoting effective, efficient, high quality care for beneficiaries, through the use of standardized, clinically meaningful, reusable data.

FREQUENTLY ASKED QUESTIONS:

- 1. How will PAC providers be selected for participation?**

The RAND team will identify a random sample of PAC providers in selected markets based on characteristics such as size, location (urban vs. rural), and profit status. Within those samples, volunteer providers will participate in testing.
- 2. Is participation in field testing mandatory?**

Participation in this effort is voluntary. Staff from Abt Associates will contact sampled providers to seek their voluntary participation in field testing.
- 3. What will be required of participating providers?**

Providers who agree to participate in the field testing must be able to designate up to two staff members who routinely conduct assessments to participate in a one and a half-day-long training on the new assessment items and to complete 15 assessments on new admissions over a ten-week period.
- 4. Will providers be compensated for participation in the field test?**

Participating providers will receive an honorarium at the completion of the training session and the 15 required assessments.
- 5. What will happen if State Surveyors arrive at the facility during field data collection?**

In the event that state surveyors arrive at the agency/facility during the field test, research nurses will suspend data collection activities and resume when the State survey is over.

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