



Inpatient Rehabilitation Facilities

Quality Reporting Program Provider Training



**INPATIENT
REHABILITATION
FACILITIES**

**POST-ACUTE CARE
PROGRAM**

Quality in Post-Acute Care

May 18, 2016

Today's Agenda



IMPACT Act and Introduction to IRF-PAI v1.4

Section GG: Functional Abilities and Goals

Section I: Active Diagnoses

Section C: Cognitive Patterns

Questions and Answers

History of the IRF QRP: ACA 3004

CMS seeks to promote higher quality and more efficient health care for Medicare beneficiaries by establishing quality reporting programs coupled with the public reporting of data.

Affordable Care Act (ACA) – 2010

- Section 3004(b) of the ACA amended section 1886(j)(7) of the Social Security Act, requiring the Secretary to establish the IRF QRP.
- The IRF QRP applies to freestanding IRFs, as well as IRF units affiliated with either acute care facilities or critical access hospitals.
- IRFs that do not submit the required quality measures data may receive a two percentage point reduction to their annual payment update (APU) for the applicable payment year.



Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014.
- Requires Standardized Patient Assessment Data Across Post-Acute Care that will enable:
 - Quality care and improved outcomes.
 - Data Element uniformity.
 - Comparison of quality and data across post-acute care (PAC) settings.
 - Improved, person-centered goals driven discharge planning.
 - Exchangeability of data.
 - Coordinated care.



Driving Forces of the IMPACT Act

- Purposes Include:
 - Improve Medicare beneficiary outcomes.
 - Provider access to longitudinal data, which will facilitate coordinated care.
 - Enable comparable data and quality across PAC settings.
 - Improve hospital discharge planning.
 - Provide research to enable payment models based on patient characteristics.
- Why the attention on Post-Acute Care:
 - Escalating costs associated with PAC.
 - Lack of data standards/interoperability across PAC settings.
 - Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting.



Post-Acute Care Matters

LTCH, IRF, HH, SNFs



Long-Term Care Hospital (LTCH)

Services provided: Inpatient services include rehabilitation, respiratory therapy, pain management, and head trauma treatment.

No. of Facilities: **420**

Average length of stay: **26 days**

No. of Beneficiaries: **124k**

LTCH CARE – LTCH Continuity Assessment Record and Evaluation (CARE) Data Set submissions: **76K**

Medicare spending: **\$5.5 billion**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html>



Inpatient Rehabilitation Facility (IRF)

Services provided: Intensive rehabilitation therapy including physical, occupational, and speech therapy.

No. of Facilities: **1,166**

Average length of stay: **13 days**

No. of Beneficiaries: **373k**

IRF-PAI – IRF-Patient Assessment Instrument (PAI) submissions: **492k**

Medicare spending: **\$6.7 billion**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>



Home Health Agency (HHA)

Services provided: Skilled nursing or therapy services provided to Medicare beneficiaries who are homebound.

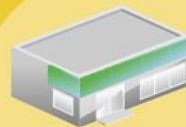
No. of Facilities: **12,311**

No. of Beneficiaries: **3.4 million**

OASIS: Outcome and Assessment Information Set (OASIS) submissions: **35 million**

Medicare spending: **\$18 billion**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html>



Nursing Homes

Services provided: Short-term Skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

No. of Facilities: **15,000**

Average length of stay: **39 days**

Beneficiaries: **1.7 million**

MDS – Minimum Data Set submissions: **20 million**

Medicare spending: **\$28.7 billion**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html>



History of PAC Data Standardization

2000: Benefits Improvement & Protection Act (BIPA)

- Mandated standardized assessment items across the Medicare program to supersede current items.

2005: Deficit Reduction Act (DRA)

- Mandated the use of standardized assessments across acute and post-acute settings.
- Established Post-Acute Care Payment Reform Demonstration (PAC-PRD) which included a component testing the reliability of the standardized items when used in each Medicare setting.

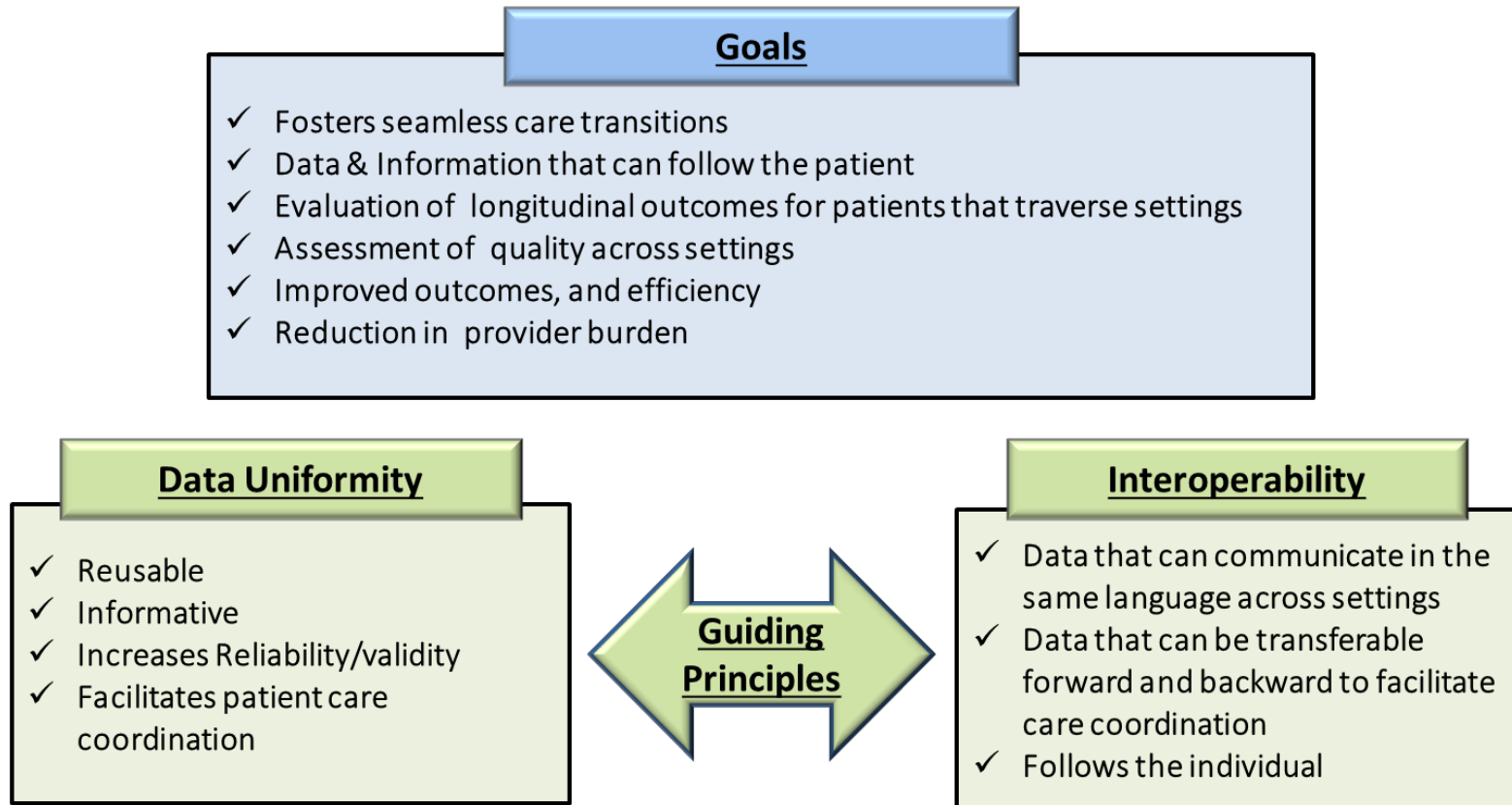
2006: Post-Acute Care Payment Reform Demonstration requirement

- Data to meet federal HIT interoperability standards.



Standardized Data

Goals and Guiding Principles



History of the IRF QRP: The IMPACT Act

The IMPACT Act added Section 1899B to the Social Security Act to require that post-acute care providers, **including IRFs**, report:

- Standardized patient assessment data on at least **6 quality measure domains** and at least **5 specified patient assessment categories** through the patient assessment instrument, the IRF-PAI.
- Data on at least three resource use and other measure domains.

IMPACT Act

Quality Measure Domains

- Functional status, cognitive function, and changes in function and cognitive function.
- Skin integrity and changes in skin integrity.
- Medication reconciliation.
- Incidence of major falls.
- Communicating the existence of and providing for the transfer of health information and care preferences.

IMPACT Act

Resource Use and Other Measures

- Resource use and other measures will be specified for reporting, which may include standardized assessment data in addition to claims data.
- Resource use and other measure domains include:
 - Total estimated Medicare spending per beneficiary.
 - Discharge to community.
 - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates.

IMPACT ACT

Standardized Patient Assessment Data

- Requirements for reporting assessment data:
 - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions.
 - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required.
- Data categories:
 - Functional status.
 - Cognitive function and mental status.
 - Special services, treatments, and interventions.
 - Medical conditions and co-morbidities.
 - Impairments.
 - Other categories required by the Secretary.

Use of Standardized Assessment Data:

- HHAs: no later than January 1, 2019
- SNFs, IRFs, and LTCHs: no later than October 1, 2018



NQS Promotes Better Health, Better Healthcare, and Lower Costs Through:

Six Priorities

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

Report to Congress

National Strategy for Quality
Improvement in Health Care

March 2011



The Six Priorities Have Become the Goals for the CMS Quality Strategy

Making Care Safer

**Strengthen person &
family engagement**

**Promote effective
communication &
coordination of care**

**Promote effective
prevention & treatment**

**Work with
communities to
promote best practices
of healthy living**

Make care affordable



Addressing Critical Gaps

The IMPACT Act & Opportunity

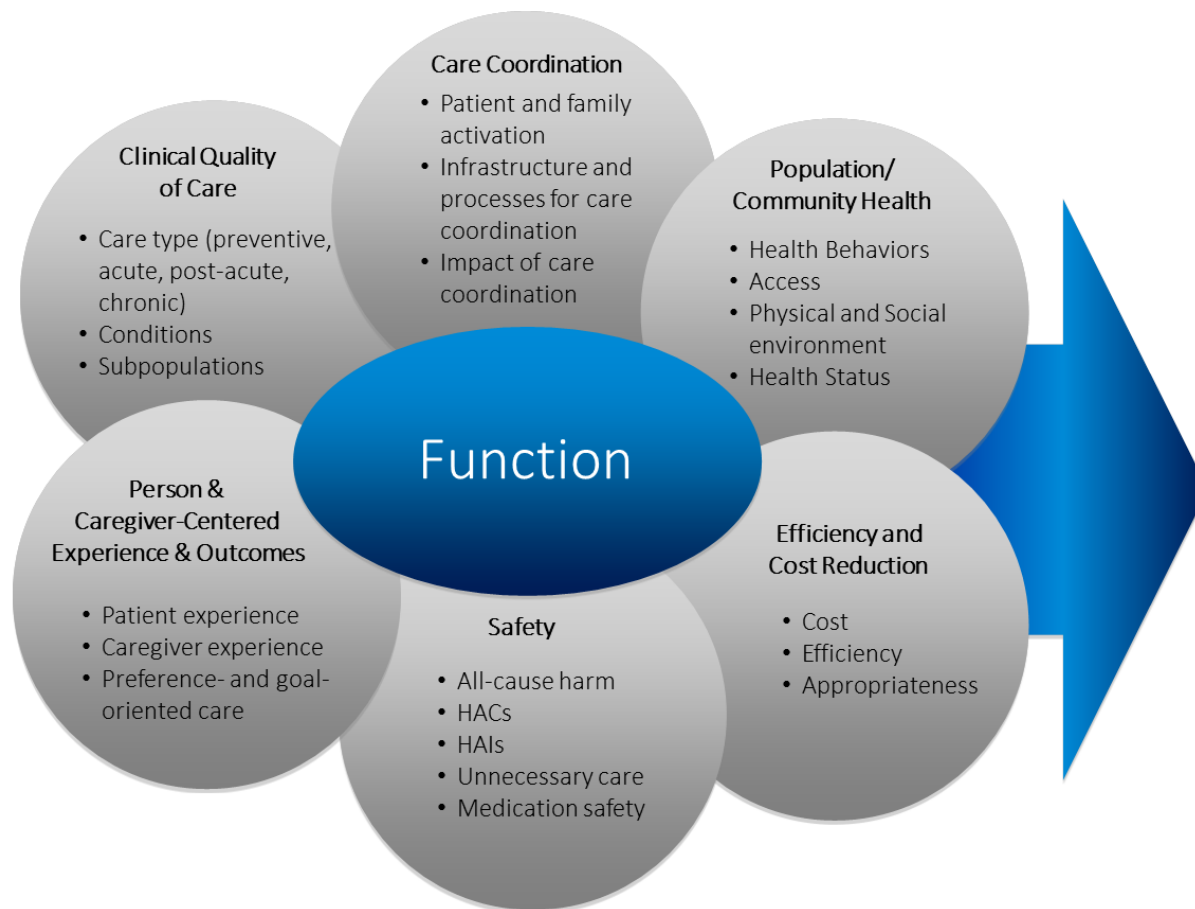
The Act provides an opportunity to address all as well as the most challenging goals within the CMS Quality Strategy:

Strengthen person
and family
engagement as
partners in their
care

Promote effective
communication
and coordination
of care

Promote effective
prevention and
treatment of
chronic disease

CMS Framework for Measurement



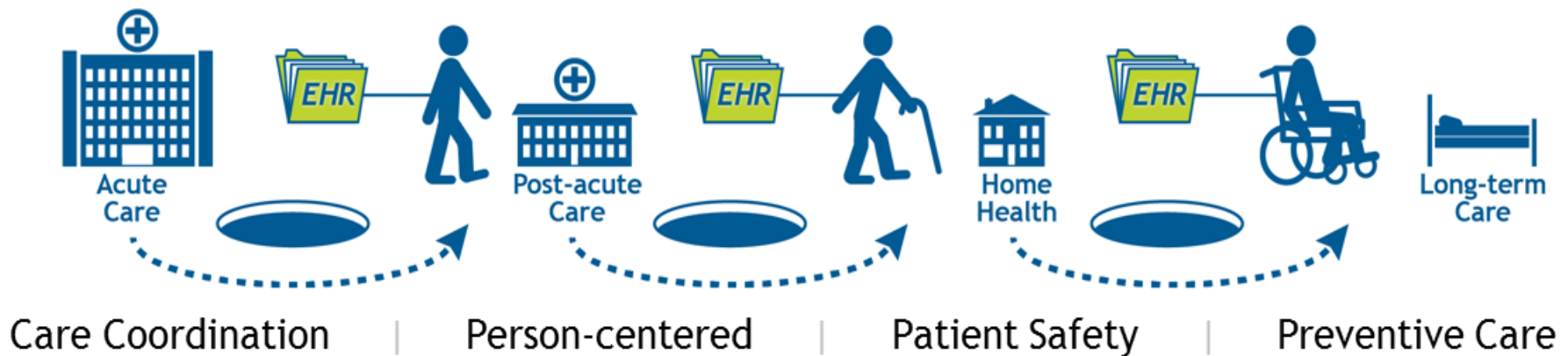
- Measures should be patient-centered and outcome-oriented whenever possible

- Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures

The Big Picture on Quality: Opportunity Through Standardized Data

Data Standardization

Information follows the person leading to better care



IRF QRP: Measure Selection

Measures are selected to:

- Align with National Quality Strategy (NQS), CMS Quality Strategy for better care for individuals, better health for populations and lower cost.
- Relate to specific priorities in the IRF setting.
- Address improved quality for the primary role of IRFs.
- Align with other Medicare QRPs and private sector initiatives.
- Align with suggestions and input received from stakeholders and national subject matter experts.
- Have a low probability of causing unintended adverse consequences.
- Be feasible.

Initial Quality Measures: Rationale and Stakeholder Support

Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)

- HHS National Action Plan to Prevent HAIs identified CAUTIs as the leading type of HAI that is largely preventable.
- A TEP convened by CMS measure-developer contractor on February 4, 2011 identified CAUTI as a high priority quality issue for IRFs.

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

- Pressure ulcers are high-cost adverse events across health care settings.
- A TEP convened in February 2015 supported the implementation of this measure across PAC providers and also supported efforts to standardize this measure for cross-provider development.

IRF QRP: Adopted Quality Measures

1. National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure - CDC NHSN (NQF #0138)
2. Influenza Vaccination Coverage among Healthcare Personnel - CDC NHSN (NQF #0431)
3. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) - IRF-PAI (NQF #0680)
4. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) - IRF-PAI (NQF #0678)*
5. All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Inpatient Rehabilitation Facilities - Claims (NQF #2502)

*Satisfies an IMPACT Act Quality Measure Domain



IRF QRP: Adopted Quality Measures (cont.)

6. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure - CDC NHSN (NQF #1716)
7. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure - CDC NHSN (NQF #1717)
8. An application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) - IRF-PAI (NQF #0674)*
9. An application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function - IRF-PAI (NQF #2631)*

*Satisfies an IMPACT Act Quality Measure Domain



IRF QRP: Adopted Quality Measures (cont.)

10. IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients - IRF-PAI (NQF #2633)
11. IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients - IRF-PAI (NQF #2634)
12. IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients - IRF-PAI (NQF #2635)
13. IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients - IRF-PAI (NQF #2636)

Given that the primary goal of rehabilitation is improvement in functional status, the above functional outcome measures were adopted in the IRF QRP with data collection starting October 1, 2016.



Proposed Measures Under Consideration for IRF QRP

The following measures were reviewed by the Measures Application Partnership in Dec 2015/Jan 2016:

1. Drug Regimen Review Conducted with Follow-Up for Identified Issues - Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program*
2. Medicare Spending per Beneficiary - Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program*
3. Discharge to Community - Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program*
4. Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program*
5. Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities

*Satisfies an IMPACT Act Quality Measure Domain



Impact of IRF QRP: Decline of Pressure Ulcers



Source:

IRF: RTI analysis of IRF-PAI and CMS data, Oct 2012–Mar 2014.



Impact of IRF QRP: CAUTI Awareness

Target Zero for Catheter-Associated Urinary Tract Infections (CAUTI)

Recorded Rehab Insights eCourse presented by ARN on 8/26/15

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1.25 Contact Hours of CNE credit are also available for a fee. If you would like to claim credit, follow the instructions below.

Summary

Catheter Associated Urinary Tract Infections have been identified as a significant problem in hospitalized patients. Despite a lot of emphasis and education to staff on prevention, approximately 500,000 CAUTIs are reported to the Center for Disease Control (CDC) annually. Participants will learn of the importance of CAUTI prevention in providing safe quality nursing care. This presentation will discuss how a rehabilitation hospital developed a quality improvement initiative to prevent CAUTI infections with a Target of Zero. Specific information related to the plan for prevention, the acronym used to identify indications, a prevention bundle for peri-care and Foley care, and a prevention bundle for indwelling urinary catheter insertion will be discussed. Effective outcomes post intervention will be reviewed. Issues related to CAUTI prevention in Rehabilitation setting will be discussed and goals for future actions will be presented.



Featured Speaker:

Ann Gutierrez, MSN RN CRRN CNRN CBIS
Education Specialist III
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