



Home Health Quality Reporting Program Provider Training

The **IMPACT** Act of 2014

Presenter: Alan Levitt,
M.D.

Date: May 3, 2017



Objectives

- Discuss the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.
- Describe the purpose and implications of data standardization.
- Explain the Centers for Medicare & Medicaid Services (CMS) Quality Strategy.
- Review the Home Health Quality Reporting Program (QRP) Timeline and Milestones.



Acronyms in This Presentation

- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Continuity Assessment Record & Evaluation (CARE)
- Electronic Health Record (EHR)
- Home- and Community-Based Services (HCBS)
- Home Health Agency (HHA)
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
- Information Technology (IT)



Acronyms in This Presentation

- Inpatient Rehabilitation Facilities – Patient Assessment Instrument (IRF-PAI)
- Inpatient Rehabilitation Facility (IRF)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospitals – Continuity Assessment Record & Evaluation Data Set (LCDS)
- Measures Application Partnership (MAP)
- Minimum Data Set (MDS)
- National Quality Standards (NQS)



Acronyms in This Presentation

- Outcome and Assessment Information Set (OASIS)
- Post-Acute Care (PAC)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Reporting Program (QRP)
- Resumption of Care (ROC)
- Skilled Nursing Facility (SNF)
- Start of Care (SOC)



IMPACT Act of 2014

- **Bi-partisan bill passed on September 18, 2014 and signed into law by on October 6, 2014**
- **Requires standardized patient assessment data across PAC settings to enable**
 - Improvements in quality of care and outcomes
 - Comparisons of quality across PAC settings
 - Transparency in data reporting
 - Information exchange across PAC settings
 - Enhanced care transitions and coordinated care
 - Person-centered and goals-driven care planning and discharge planning
 - Payment modeling based on individual characteristics

Driving Forces of the IMPACT Act

- **Purposes include:**
 - Improvement of Medicare beneficiary outcomes.
 - Provider access to longitudinal information to facilitate coordinated care.
 - Enable comparable data and quality across PAC settings.
 - Improve hospital discharge planning.
 - Research to enable payment models based on patient characteristics.
- **Why the attention on PAC:**
 - 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.

Legislative Background on Data Standardization

- **Benefits Improvement and Protection Act of 2000**
 - Required the Secretary to report to Congress on standardized assessment items across PAC settings.
- **Deficit Reduction Act of 2005**
 - Required the standardization of assessment items used at discharge from an acute care setting and at admission to a PAC setting.
 - Established the PAC Payment Reform Demonstration requirement of 2006 to harmonize payments for similar settings in PAC settings.
 - Resulted in the Continuity Assessment Record and Evaluation tool, a component to test the reliability of standardized items when used in each Medicare setting.

Legislative Background on Data Standardization

- **PAC Payment Reform Demonstration requirement of 2006**
 - Data to meet Federal health information technology interoperability standards.

Standardized Data: Goals and Guiding Principles

Goals

- ✓ Fosters seamless care transitions
- ✓ Data & Information that can follow the patient
- ✓ Evaluation of longitudinal outcomes for patients that traverse settings
- ✓ Assessment of quality across settings
- ✓ Improved outcomes, and efficiency
- ✓ Reduction in provider burden

Data Uniformity

- ✓ Reusable
- ✓ Informative
- ✓ Increases Reliability/validity
- ✓ Facilitates patient care coordination

Interoperability

- ✓ Data that can communicate in the same language across settings
- ✓ Data that can be transferable forward and backward to facilitate care coordination
- ✓ Follows the individual

Guiding Principles

Six Priorities Have Become the Goals for the CMS Quality Strategy

Making Care Safer

Strengthen person & family engagement

Promote effective communication & coordination of care

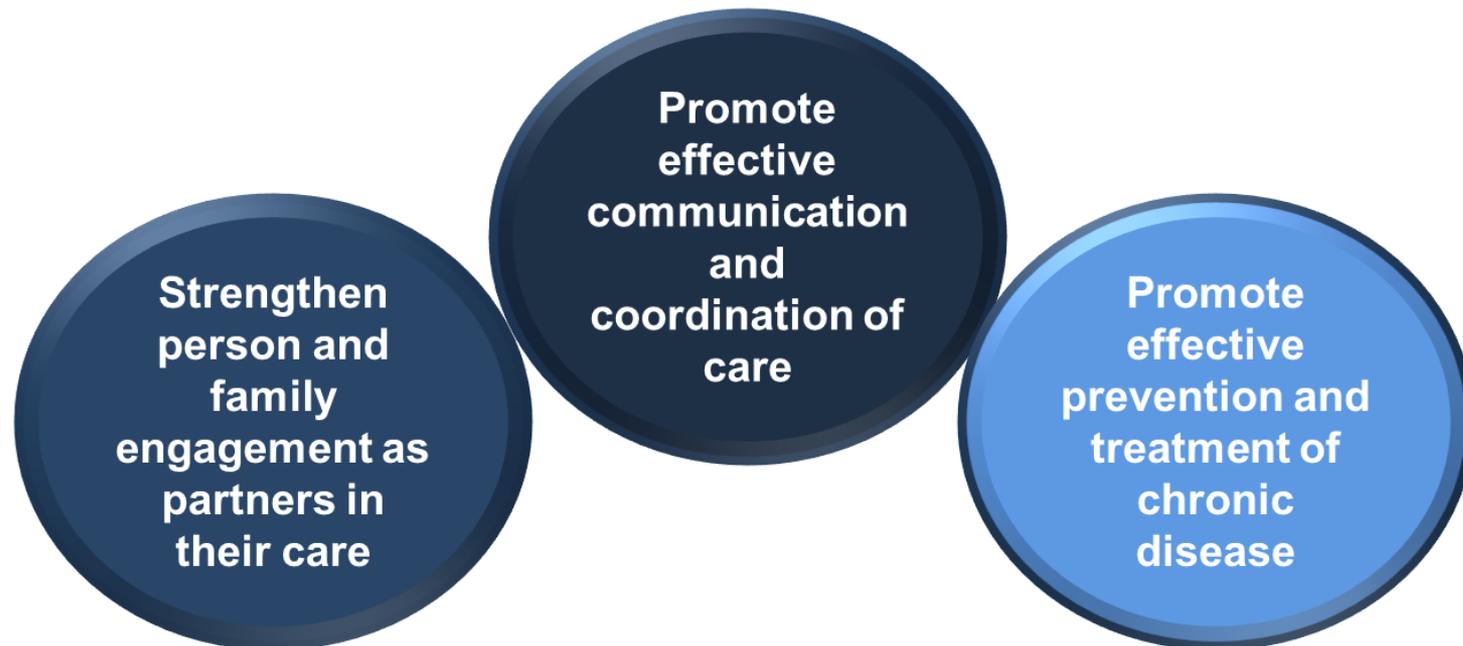
Promote effective prevention & treatment

Work with communities to promote best practices of healthy living

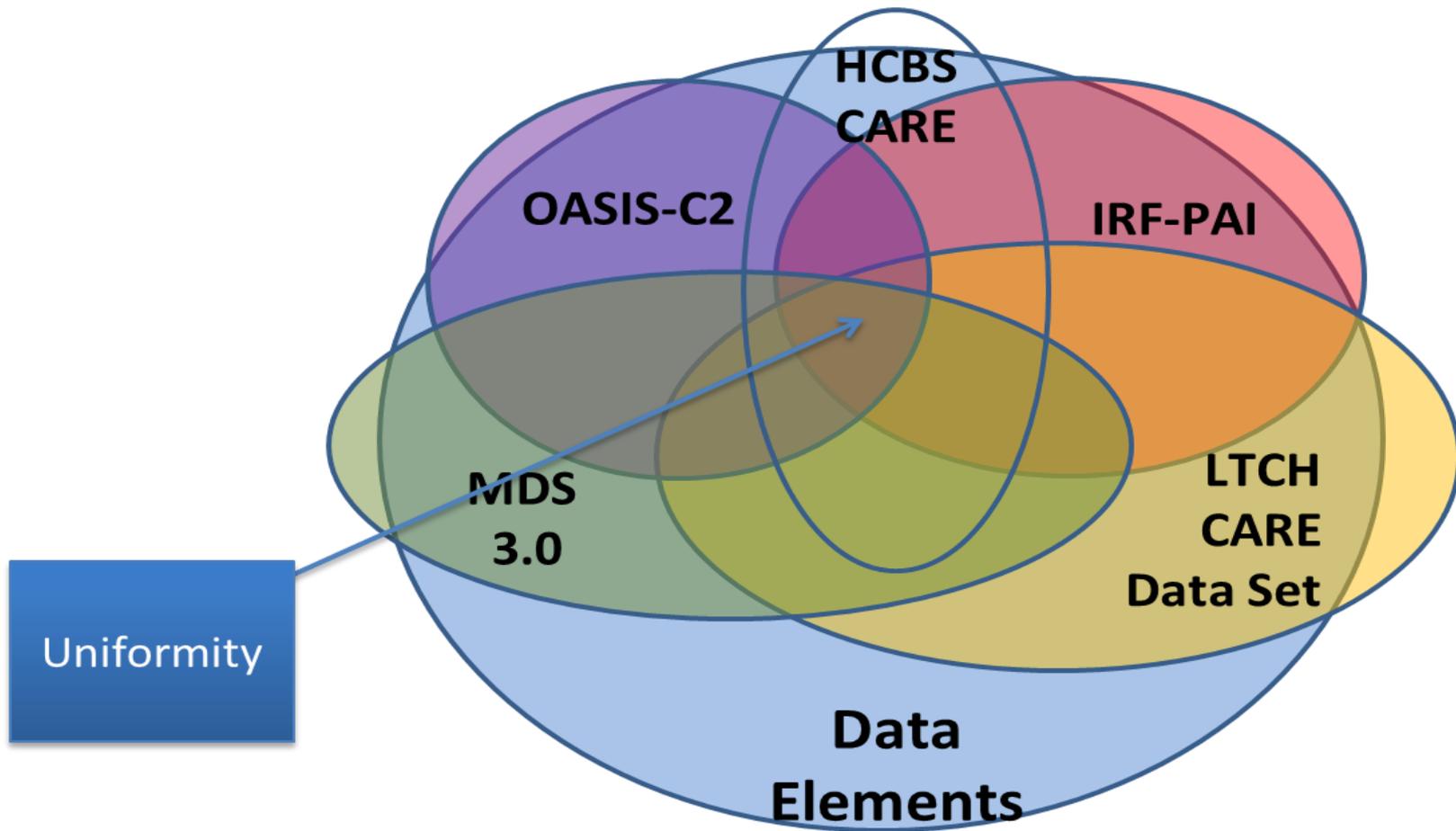
Make care affordable

Addressing Critical Gaps: The IMPACT Act and Opportunity

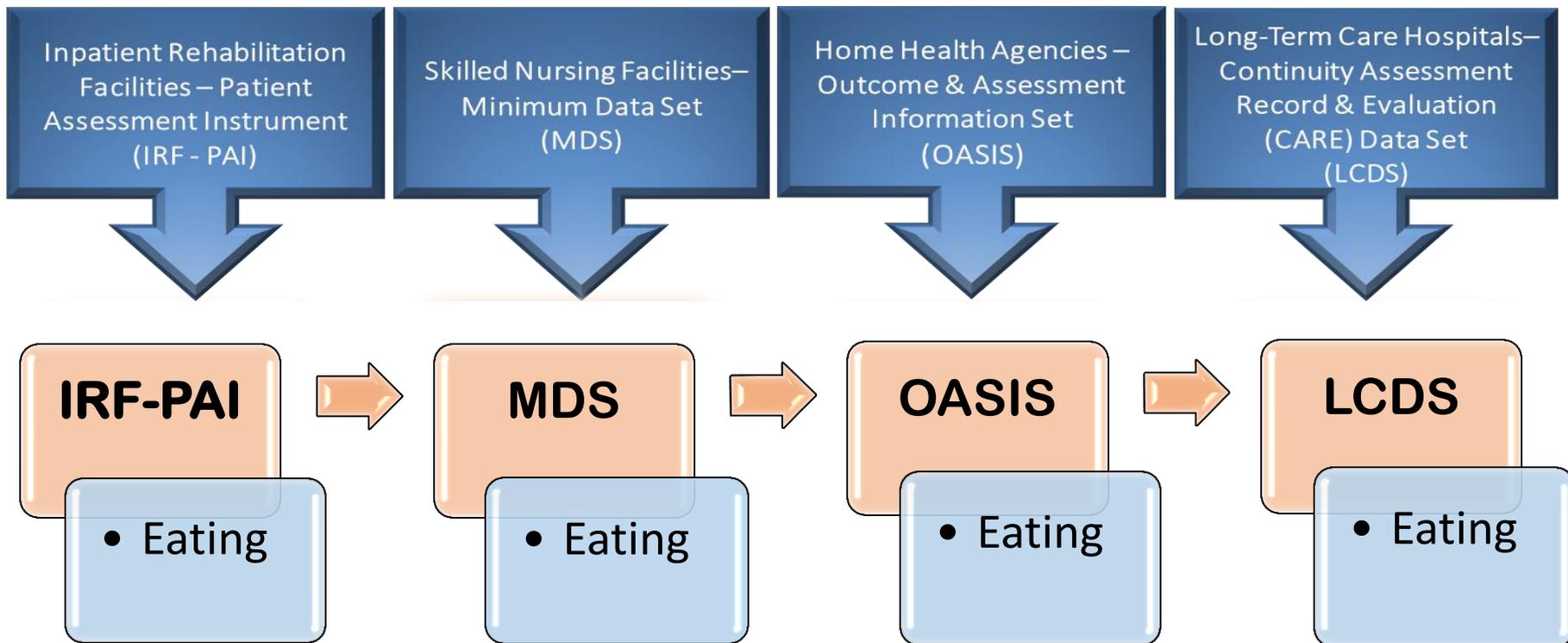
The IMPACT Act provides an opportunity to address all goals, including those most challenging, within the CMS Quality Strategy.



Data Elements: Standardization



What is Standardization? Standardizing Function at the Item Level

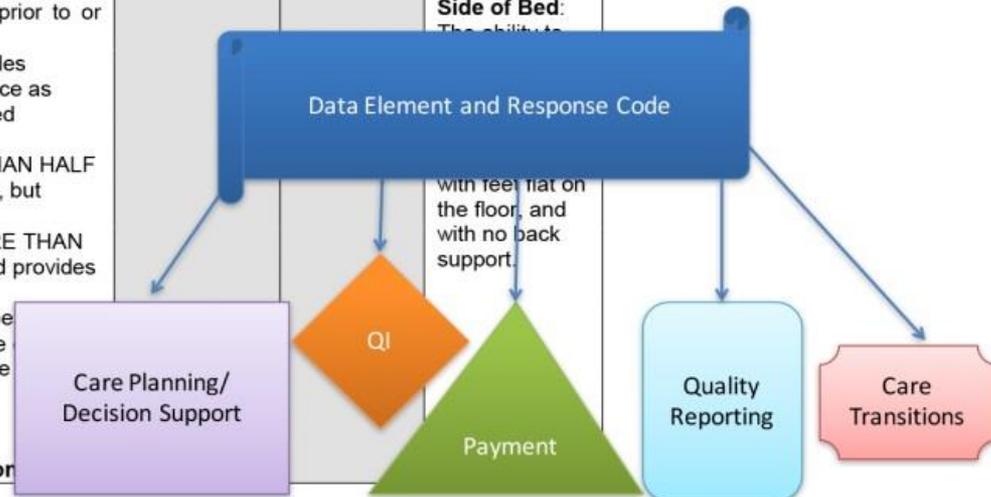


Standardized Assessment Data Elements

One Question: Much to Say → One Response: Many Uses

Section GG: FUNCTIONAL ABILITIES and GOALS – SOC/ROC

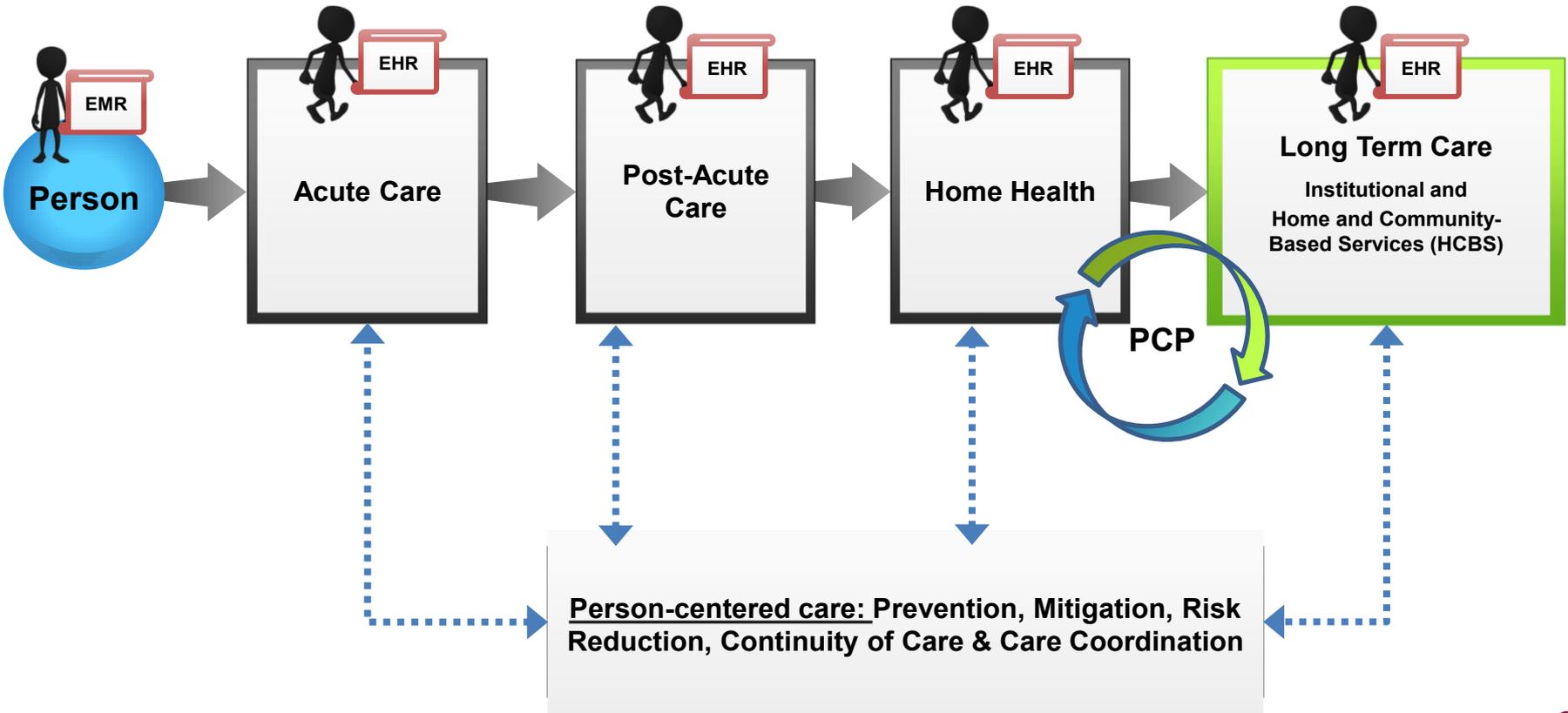
(GG0170C) Mobility			
Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.			
Code the patient's discharge goal using the 6-point scale. Do not use codes 07, 09, or 88 to code discharge goal.			
Coding: Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activity may be completed with or without assistive devices.</i>	1. SOC/ROC Performance	2. Discharge Goal	
	↓Enter Codes in Boxes↓		
06 Independent – Patient completes the activity by him/herself with no assistance from a helper.	<input type="text"/>	<input type="text"/>	Lying to Sitting on Side of Bed: The ability to
05 Setup or clean-up assistance – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.			
04 Supervision or touching assistance – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.			
03 Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.			
02 Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.			
01 Dependent – Helper does ALL of the effort. Patient does not complete the activity. Or, the assistance of more helpers is required for the patient to complete the activity.			
If activity was not attempted, code reason:			
07 Patient refused			
09 Not applicable			
88 Not attempted due to medical condition or safety concern			



Opportunities in the Ideal State

- Real-time use of standardized and interoperable data to transform health care services through care coordination, on-time clinical decision support, and provider-level quality improvement.
- Enable and support information/data to follow the person across health care and home- and community-based services.
- Support the transformation from a fragmented PAC delivery and payment system to a patient-centered system.

Standardization: Ideal State



Information Follows the Person

Overarching Principles

The Mission: To transform and modernize the health care system, promoting effective, efficient, high-quality care for beneficiaries through the use of standardized, reusable data, in order to:

- Facilitate rapid, accurate exchange of critical patient information to reduce errors, prevent adverse events, and improve care.
- Allow for the measurement and reporting of comparable quality across providers and provider types.
- Enable person-centered decision-making using comparable data.
- Inform payment models.

Guiding Principles I

We believe that certain principles should be applied in the work related to data standardization, and the data should:

- Allow for reusable data.
 - Data to serve multiple purposes: **collect once**, use multiple times.
- Create a common spoken and information technology (IT) language.
 - Enable interoperability.
 - Facilitate care coordination through standardized communication.
- Be usable across the continuum of care and beyond the health care system.

Guiding Principles II

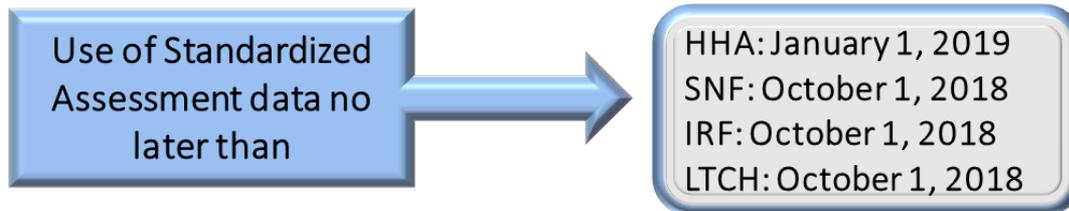
Assessment instrument item development shall take into account these essential principles:

- The data elements selected for use shall reside in the public domain.
- Item development shall occur through a consensus-based development process.
- Application of current science.
- Adherence to the statutory requirements under the IMPACT Act.

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.

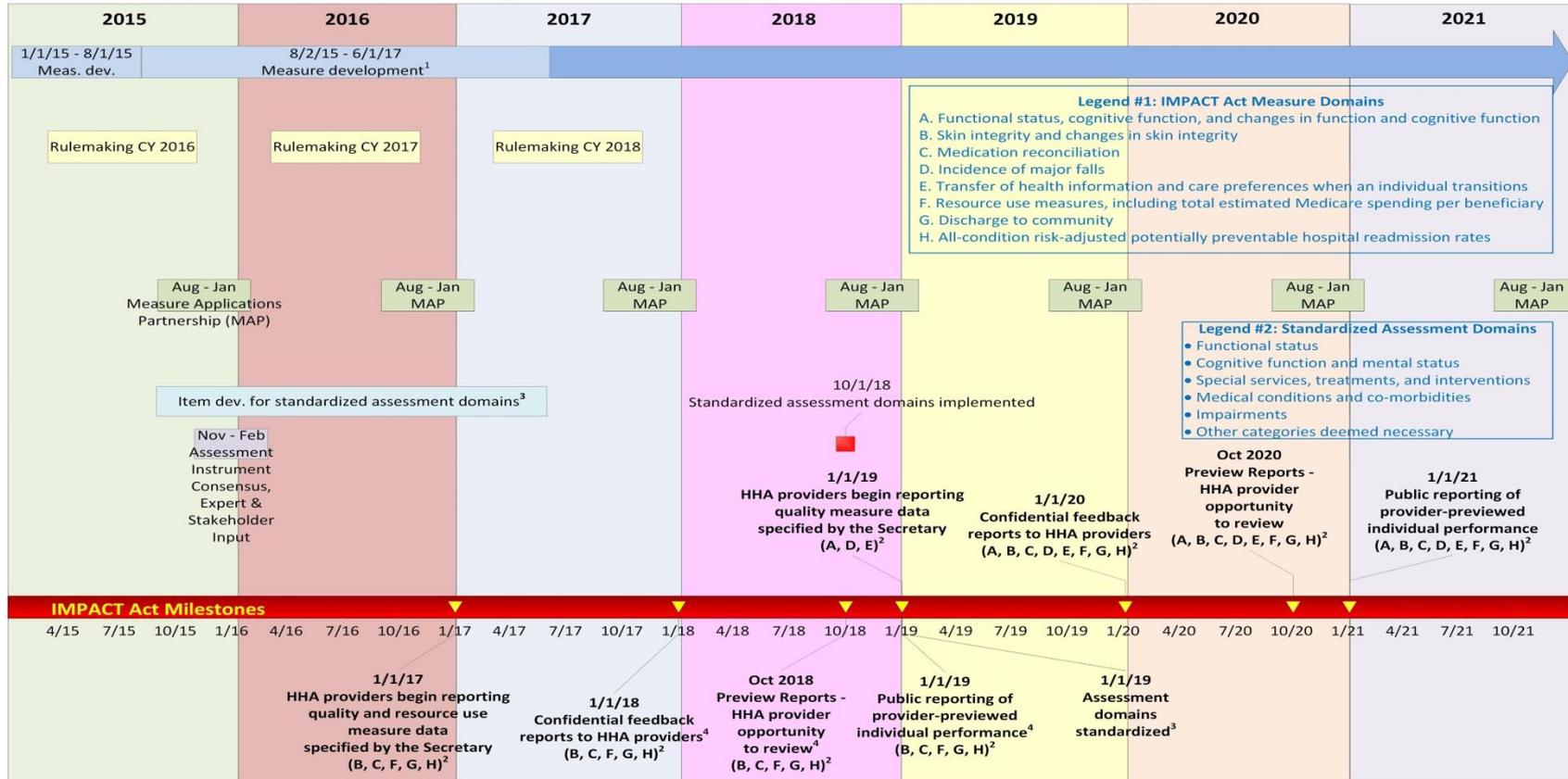


- The data must be submitted with respect to admission and discharge for each patient, or more frequently as required.

- **Data categories:**

- Functional status; cognitive function and mental status; special services, treatments, and interventions; medical conditions and comorbidities; impairments; other categories required by the Secretary.

PAC QRP HHA Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements



¹ Quality measure development requires 6 months to 2 years and includes public input, stakeholder input, and the Measures Application Partnership (MAP) process.

² IMPACT Act measure domains are defined in legend #1 above.

³ IMPACT Act assessment domains are defined in legend #2 above.

⁴ Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting.



Resources

- OASIS Educational Coordinators:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf>
- Quality Measures: Home Health Quality Reporting Program
 - HomeHealthQualityQuestions@cms.hhs.gov
- OASIS Items & Payment Policy: Home Health Policy Mailbox
 - HomehealthPolicy@cms.hhs.gov
- Data Submission & CASPER: QTSO Help Desk
 - Telephone: (800) 339-9313
 - Email: help@qtso.com
 - Web site: <https://www.qtso.com/index.php>



Questions?