

# Home Health Quality Reporting Program Provider Training

## The IMPACT Act of 2014

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# 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

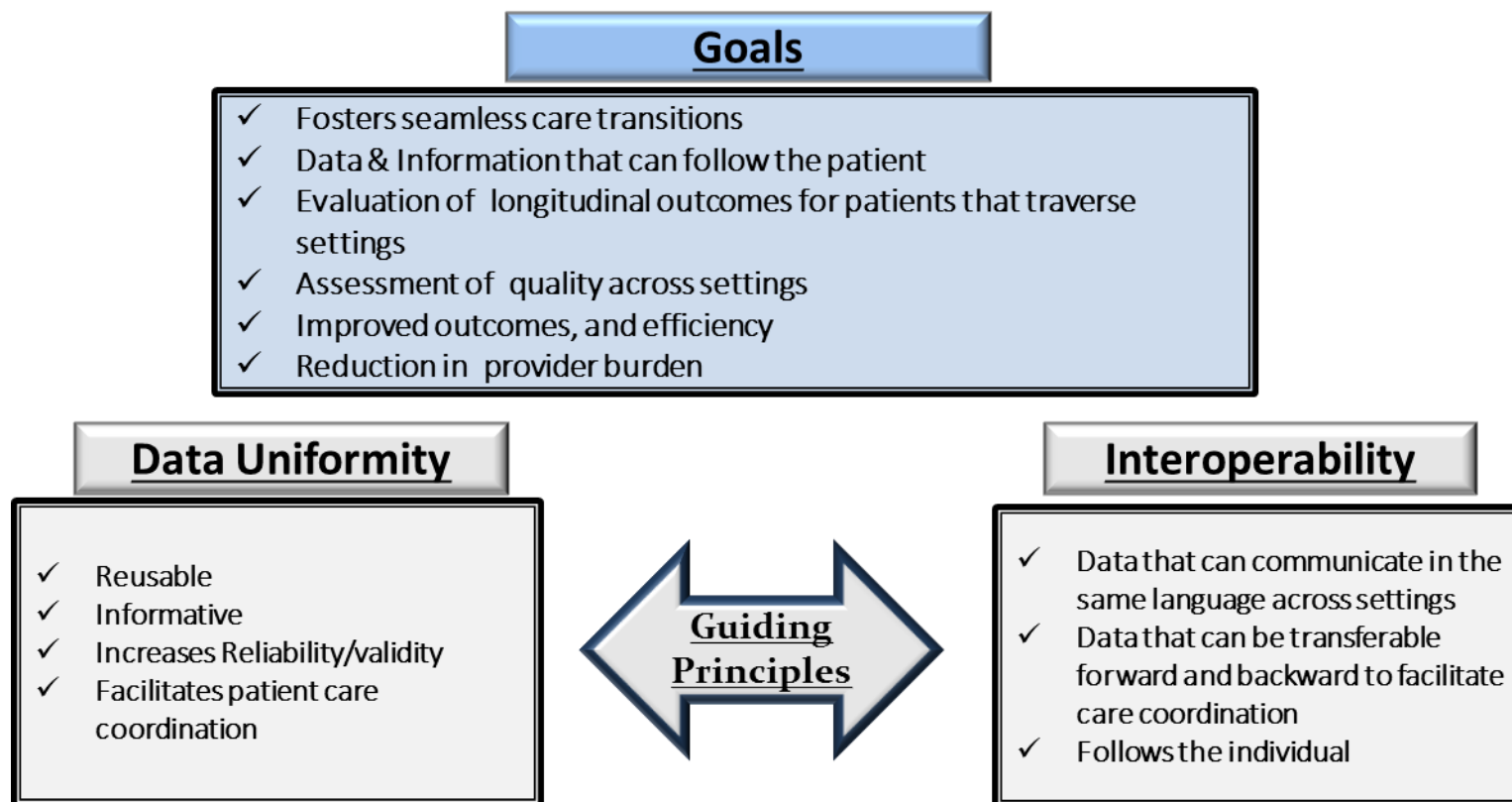
- **Benefits Improvement and Protection Act of 2000**
  - Required the Secretary to report to Congress on standardized assessment items across PAC settings.
- **Deficit Reduction Act of 2005**
  - Required the standardization of assessment items used at discharge from an acute care setting and at admission 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



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

**Making Care Safer**

**Strengthen person &  
family engagement**

**Promote effective  
communication &  
coordination of care**

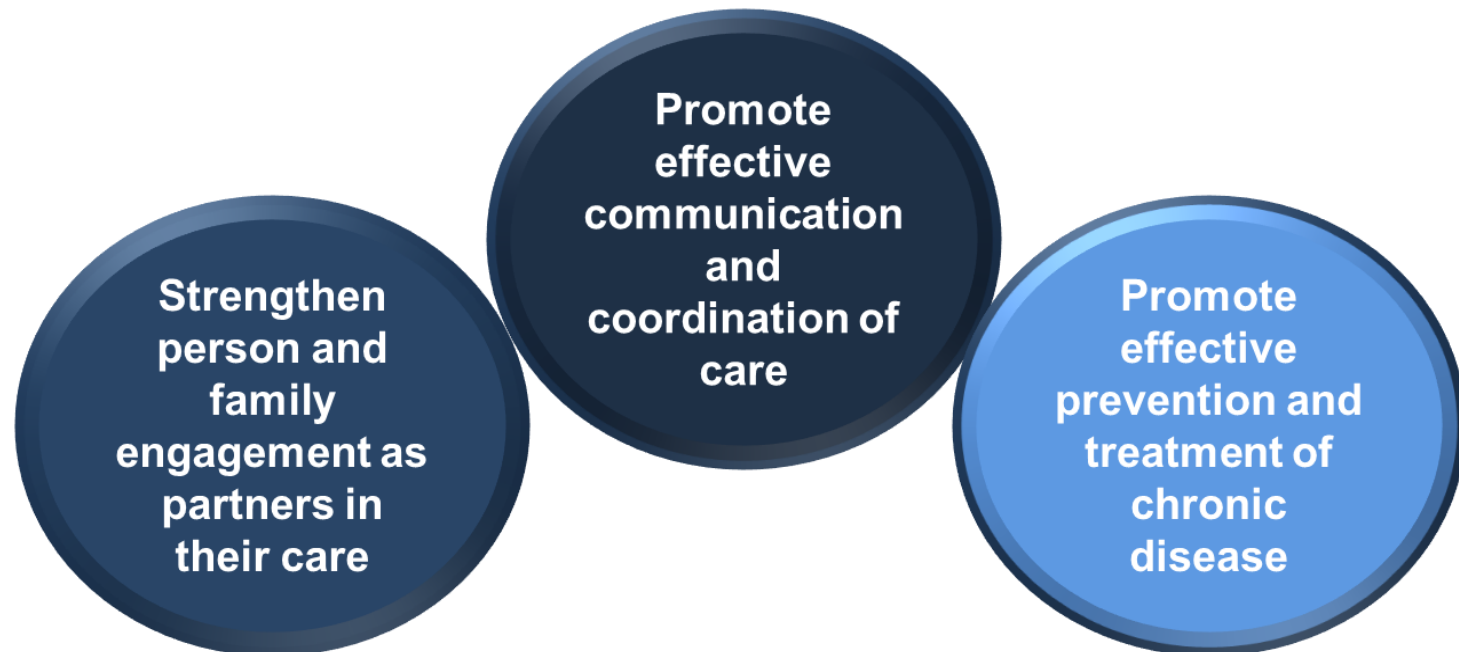
**Promote effective  
prevention & treatment**

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

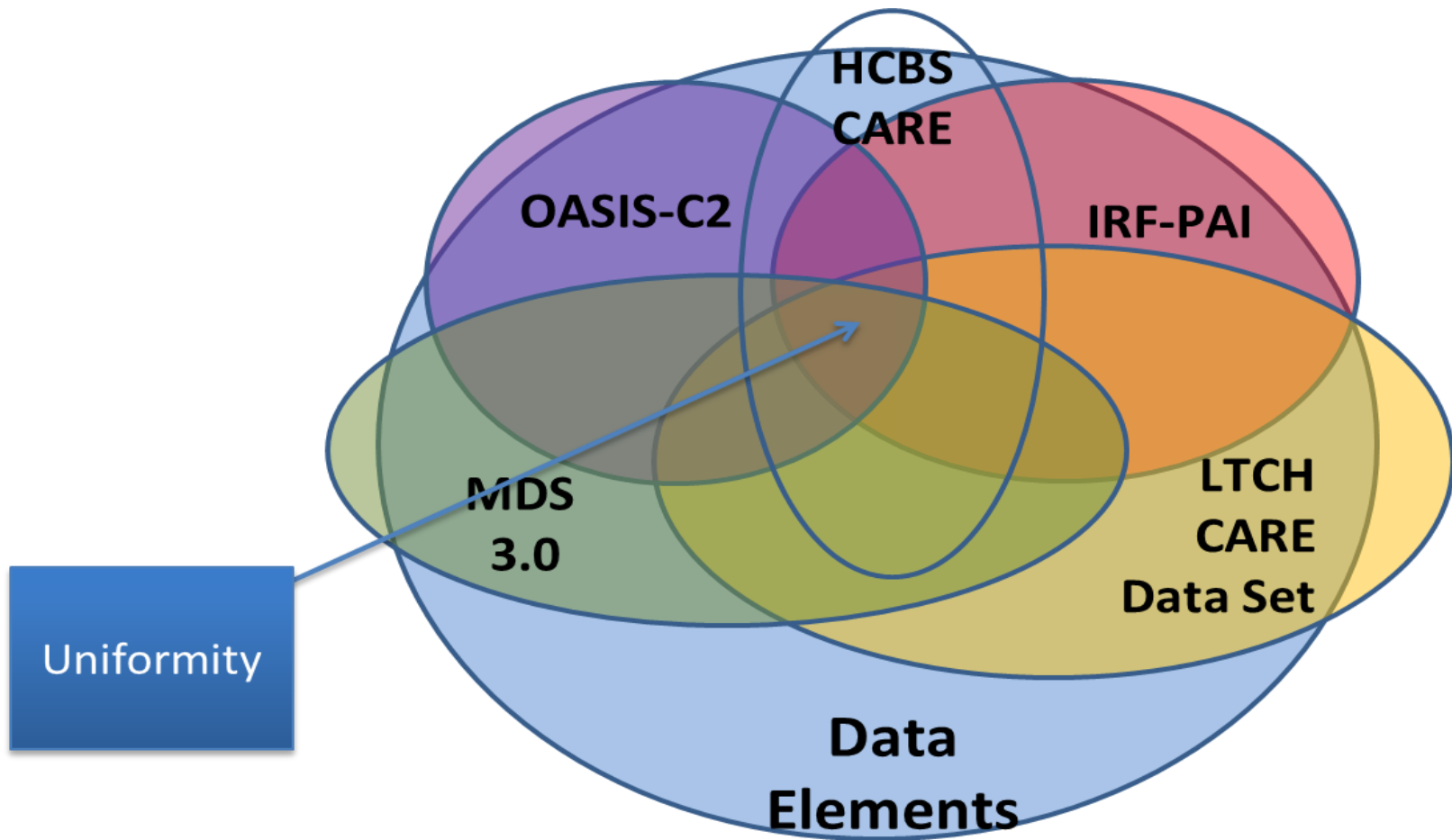
**Make care affordable**

# Addressing Critical Gaps: The **IMPACT** Act and Opportunity

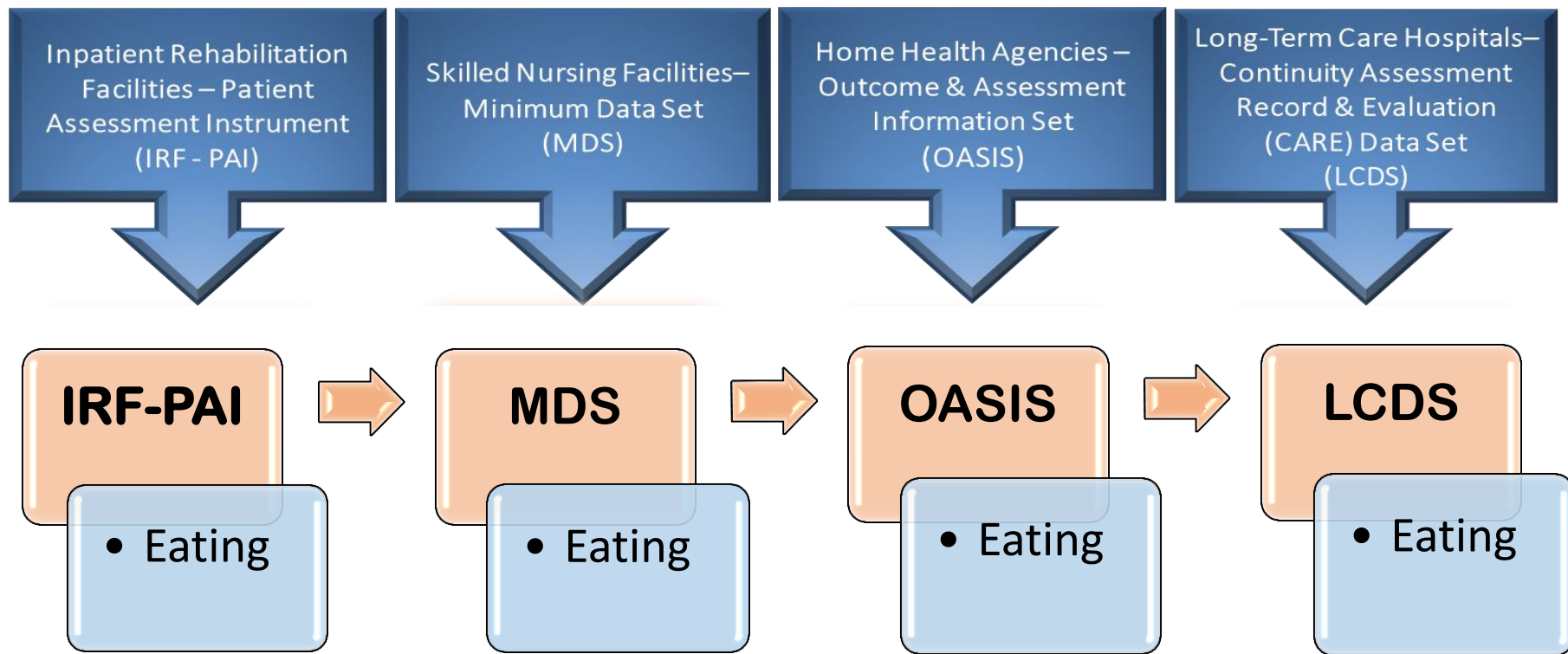
The IMPACT Act provides an opportunity to address all goals, including those most challenging, within the CMS Quality Strategy.



# 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.			
<b>Coding:</b> <b>Safety and Quality of Performance</b> – 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> 06 <b>Independent</b> – Patient completes the activity by him/herself with no assistance from a helper. 05 <b>Setup or clean-up assistance</b> – Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity. 04 <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03 <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02 <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01 <b>Dependent</b> – Helper does ALL of the effort. Patient does of the effort to complete the activity. Or, the assistance more helpers is required for the patient to complete the <b>If activity was not attempted, code reason:</b> 07 <b>Patient refused</b> 09 <b>Not applicable</b> 88 <b>Not attempted due to medical condition or safety concern</b>	<b>1. SOC/ROC Performance</b>  ↓Enter Codes in Boxes↓ <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<b>2. Discharge Goal</b>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<b>Lying to Sitting on Side of Bed:</b> The ability to
	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; background-color: #4a7ebb; color: white; padding: 5px; text-align: center;">Data Element and Response Code</div> <div style="position: absolute; bottom: 0; left: 0; right: 0; display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #d8bfd8; padding: 10px; border: 1px solid black;">Care Planning/ Decision Support</div> <div style="background-color: #ffa500; padding: 10px; border: 1px solid black; transform: rotate(45deg); transform-origin: center;">QI</div> <div style="background-color: #90ee90; padding: 10px; border: 1px solid black;">Payment</div> <div style="background-color: #add8e6; padding: 10px; border: 1px solid black;">Quality Reporting</div> <div style="background-color: #ffb6c1; padding: 10px; border: 1px solid black;">Care Transitions</div> </div> </div>		

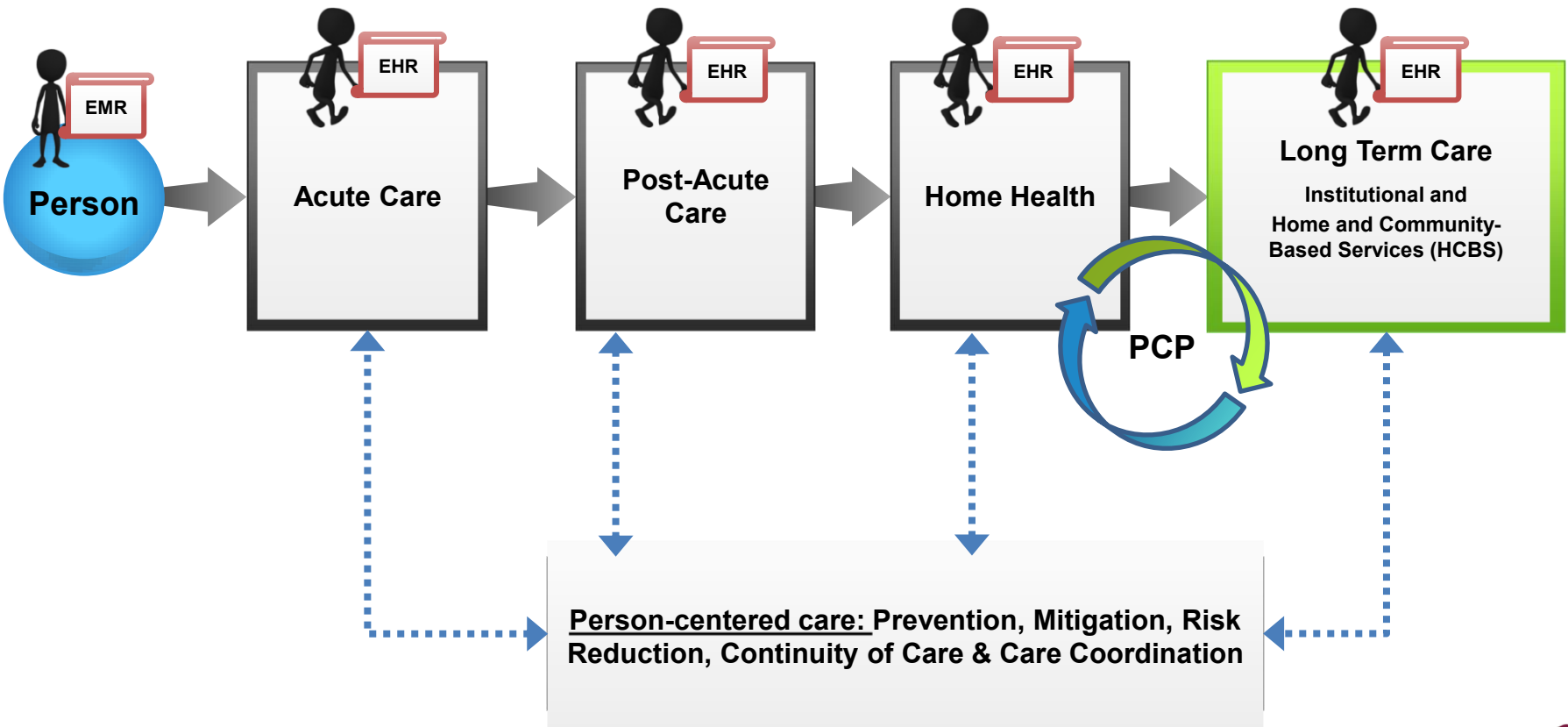


# Opportunities in the Ideal State

- 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

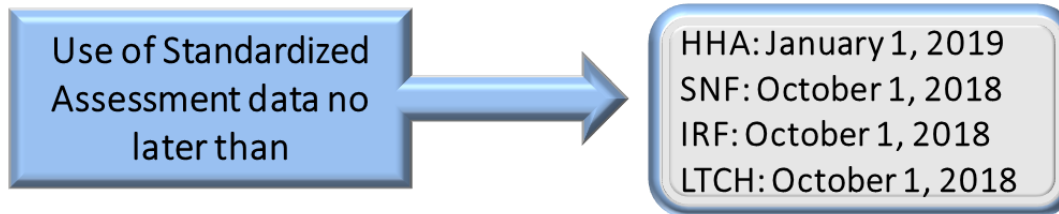
Assessment instrument item development shall take into account these essential principles:

- 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.

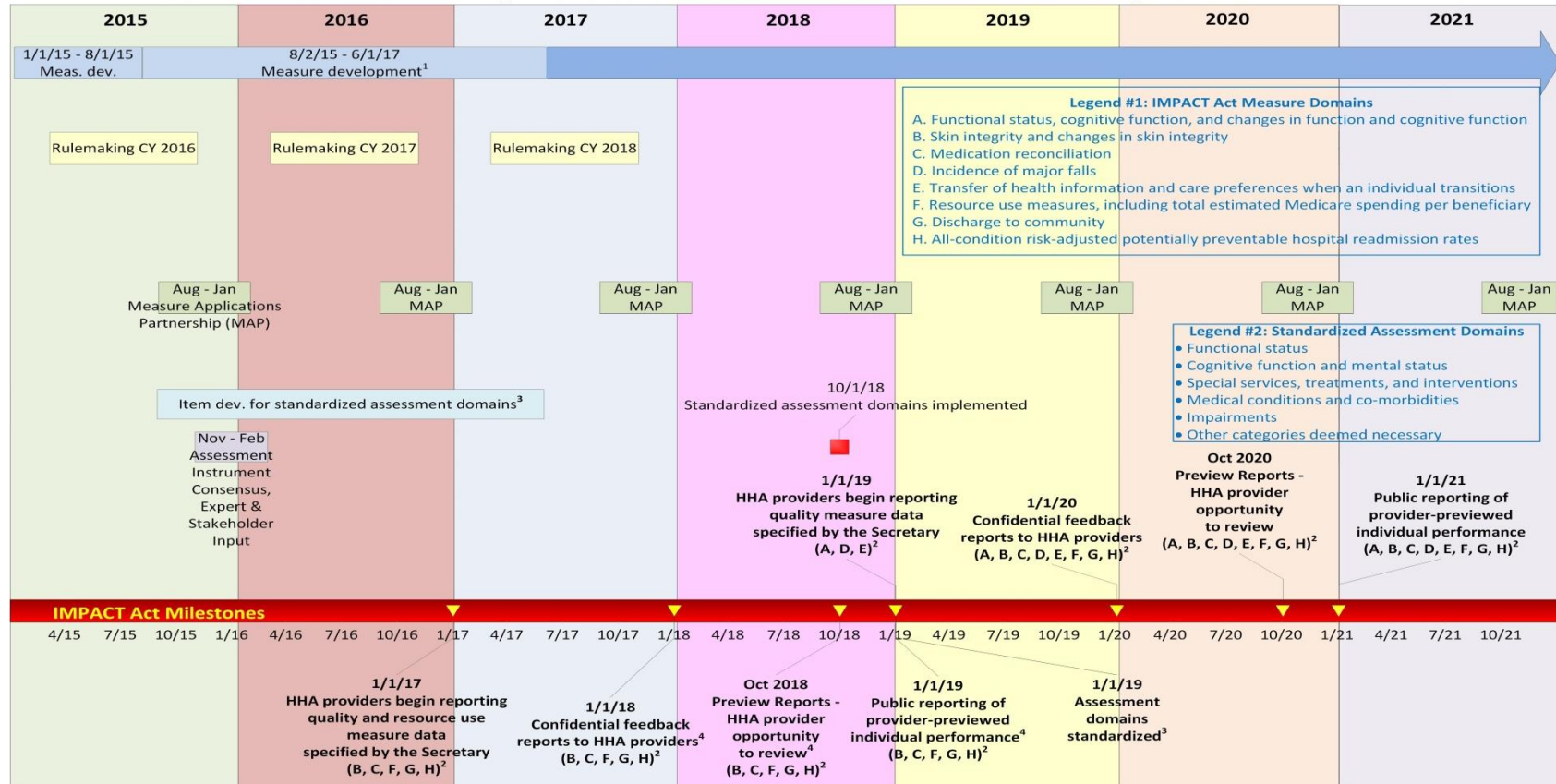


- The data must be submitted with respect to admission and discharge for each patient, or more frequently as required.

- **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



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

<sup>2</sup> IMPACT Act measure domains are defined in legend #1 above.

<sup>3</sup> IMPACT Act assessment domains are defined in legend #2 above.

<sup>4</sup> 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](mailto:HomeHealthQualityQuestions@cms.hhs.gov)
- OASIS Items & Payment Policy: Home Health Policy Mailbox
  - [HomehealthPolicy@cms.hhs.gov](mailto:HomehealthPolicy@cms.hhs.gov)
- Data Submission & CASPER: QTSO Help Desk
  - Telephone: (800) 339-9313
  - Email: [help@qtso.com](mailto:help@qtso.com)
  - Web site: <https://www.qtso.com/index.php>

# Questions?