

[CMS Logo]

The Improving Medicare Post-Acute Care Transformation Act of 2014 (The IMPACT Act of 2014) requires the submission of standardized data for specific assessment categories and quality measure domains using the assessment instruments CMS currently requires for use by Long-Term Acute Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs), and Inpatient Rehabilitation Facilities (IRFs). The IMPACT Act of 2014 requires the modification of these assessment instruments to enable the submission of such standardized data, and requires that the data be interoperable to allow for the exchange of data among post-acute and other providers in order to facilitate person-centered care, coordinated transitions in care, enable access to longitudinal information, and ensure high quality outcomes.

The standardization that results from the IMPACT Act of 2014 requirements is intended to serve many purposes, including comparison of data and payment system analyses for evaluations and recommendations for reimbursement based on *individual characteristics* rather than care setting. The IMPACT Act of 2014 also conveys the inclusion of person-centeredness in its requirements related to capturing the consumer’s preferences and goals across settings of care, and provides an opportunity to further the goals of the CMS Quality Strategy.

To this end, CMS has contracted with the RAND Corporation and its partners, Abt Associates Inc. and Qualidigm to develop, modify, implement, and align post-acute care (PAC) assessment data across the PAC-setting assessment instruments. In addition to extensive information gathering and input from stakeholders and subject matter experts, the work of the RAND team includes field testing of standardized data elements among PAC providers to test the validity of the standardized data elements and the feasibility of collecting the items in all four PAC settings. 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.

Abt Associates will be seeking providers in each of the PAC settings to participate in the field testing, which will be conducted in three different waves. **Participation in field testing is completely voluntary; providers who do not wish to participate will not be penalized in any way.** The first wave of data collection is anticipated to begin at the end of July 2016 near Houston, Texas and Hartford, Connecticut. Wave 2 is anticipated to begin in January 2017, and Wave 3 is anticipated to begin in summer 2017. At this time, the geographic location of Waves 2 and 3 is not yet known.

For each wave of field testing, a sample of providers in the targeted geographic areas will be drawn based on characteristics such as size, location (urban vs. rural), and profit status. Staff from Abt Associates will contact sampled providers to seek their voluntary participation in field testing. Participation in the testing will require providers to identify up to two 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. 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, reusable data.

If your agency/facility is asked to participate in field testing, we strongly encourage your participation in this important project.