Improving Medicare Post Acute Care Transformation Act of 2014

Special Open Door Forum

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Welcome

The Centers for Medicare & Medicaid Services,
along with its contractor,
RAND Corporation,
Welcomes You To
Join this National Discussion

Focus of this Special Open Door Forum

- The IMPACT Act: Update on the RAND Contract
  - Goal of the IMPACT Act
  - Scope of RAND Contract
  - Description of Activities

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

- Bipartisan bill passed on September 18, 2014 and signed into law on October 6, 2014
- Requires standardized patient assessment data across post-acute care (PAC) settings to enable:
  - –Improvements in quality of care and outcomes
  - –Comparisons of quality across PAC settings
  - –Information exchange across PAC settings
  - –Enhanced care transitions and coordinated care
  - –Person-centered and goals-driven care planning and discharge planning

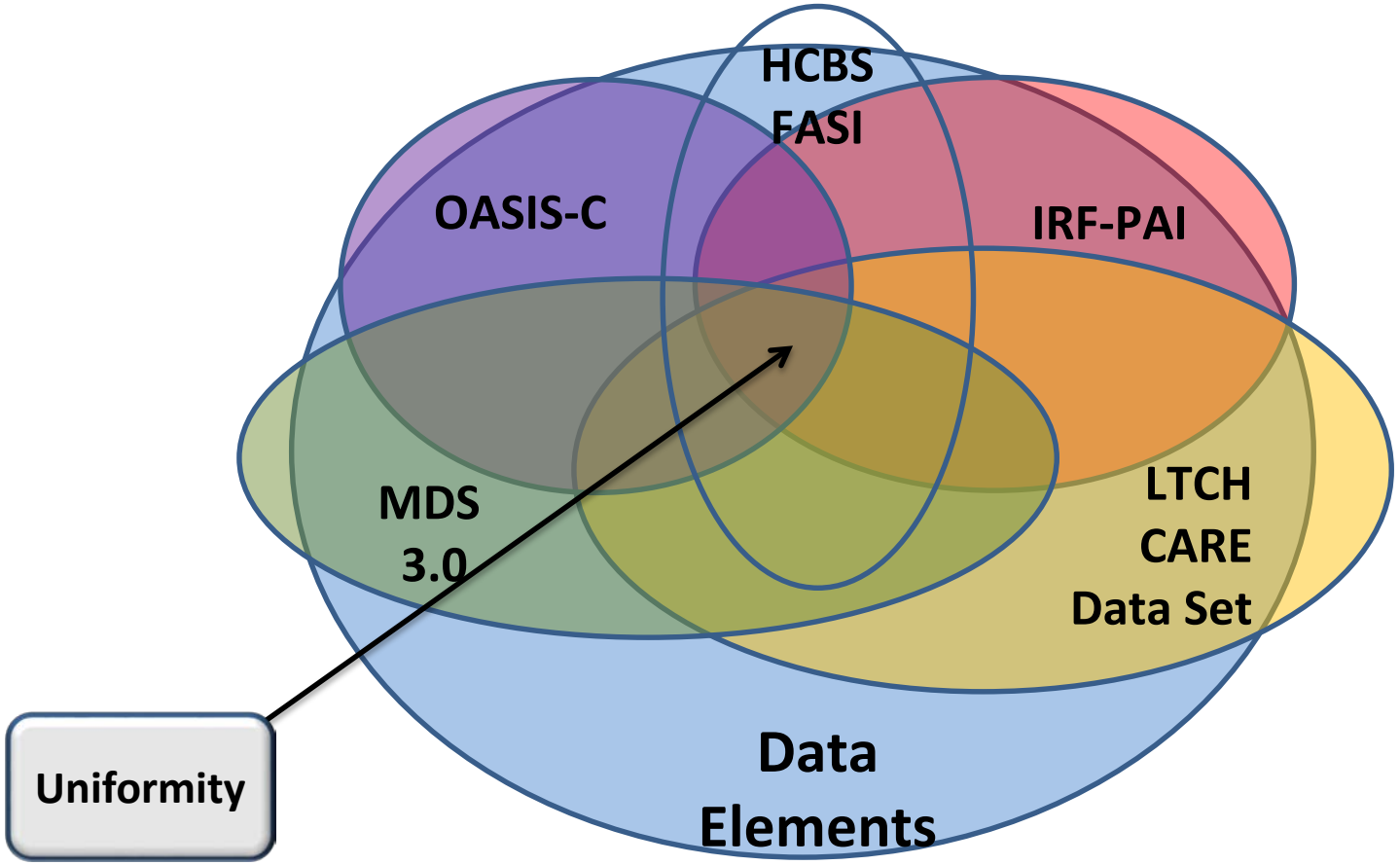
Providers Covered by the IMPACT Act

- Home Health Agencies (HHAs)
- Inpatient Rehabilitation Facilities (IRFs)
- Long-Term Care Hospitals (LTCHs)
- Skilled Nursing Facilities (SNFs)

IMPACT Act Identifies Categories that Require the Use of Standardized Data

- Function (e.g., self care and mobility)
- Cognitive function (e.g., express & understand ideas; mental status, such as depression and dementia)
- Special services, treatments & interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
- Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
- Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)

Data Elements: Standardization



Standardized Assessment Data Elements

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

GG0160. Functional Mobility
(Complete during the 3-day assessment period.)

Code the patient's usual performance using the 6-point scale below.

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.

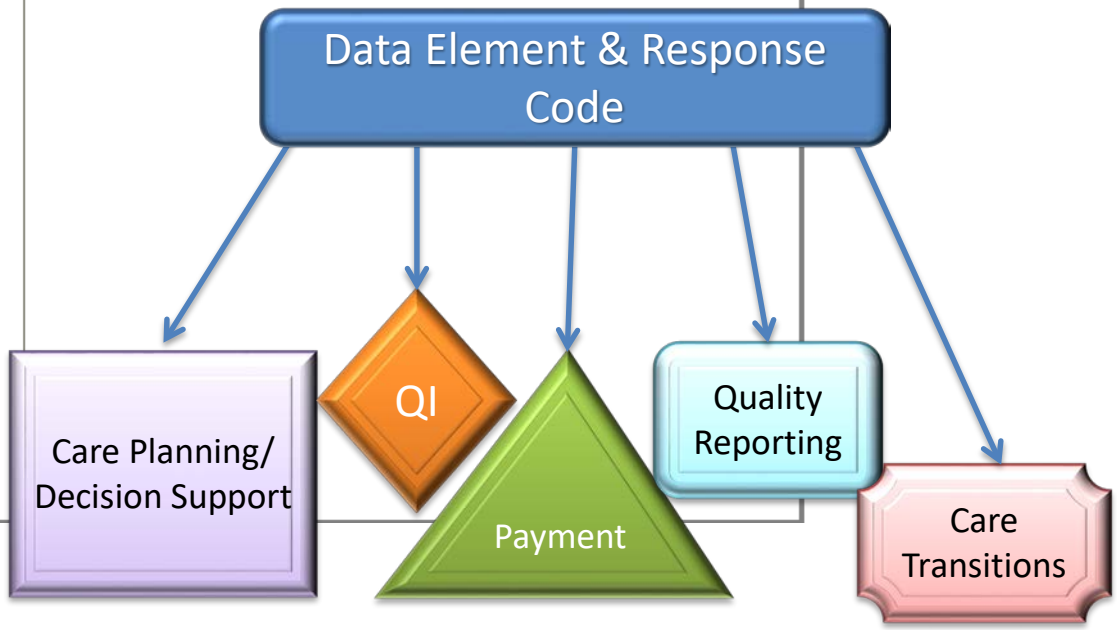
Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
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 none of the effort to complete the task.

07. **Patient refused**
09. **Not applicable**

If activity was not attempted, code:
88. Not attempted due to **medical condition or safety concerns**

Enter Codes in Boxes	
☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to Sitting on Side of Bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.

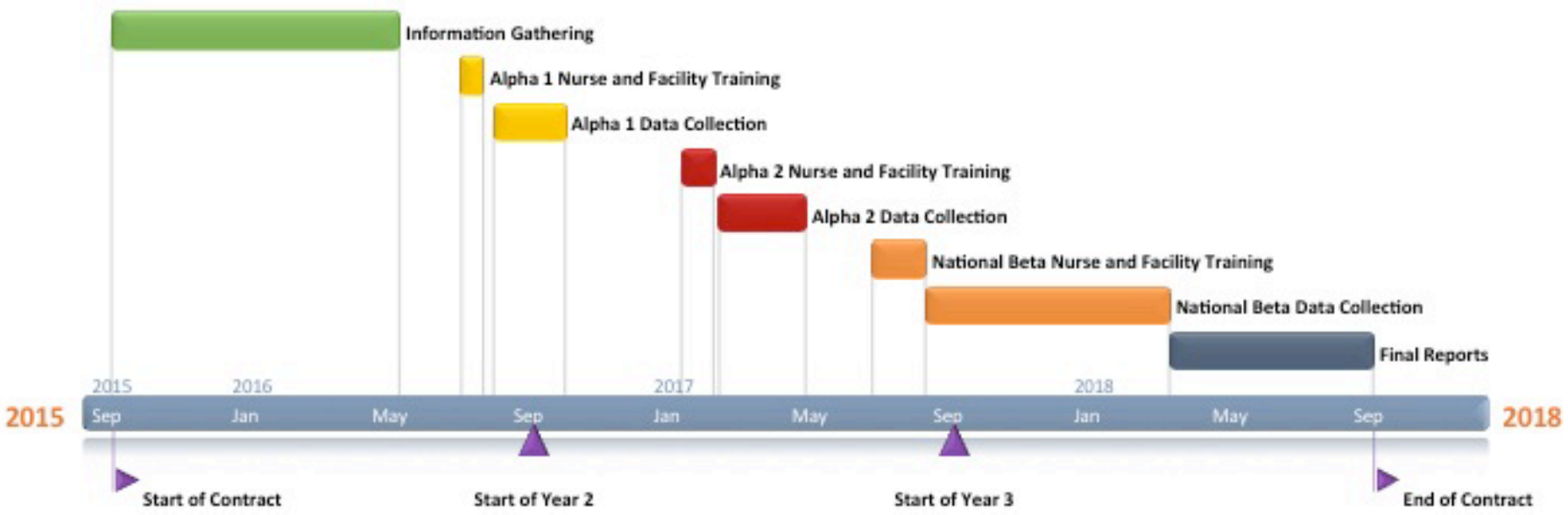


RAND Scope of Work and Approach

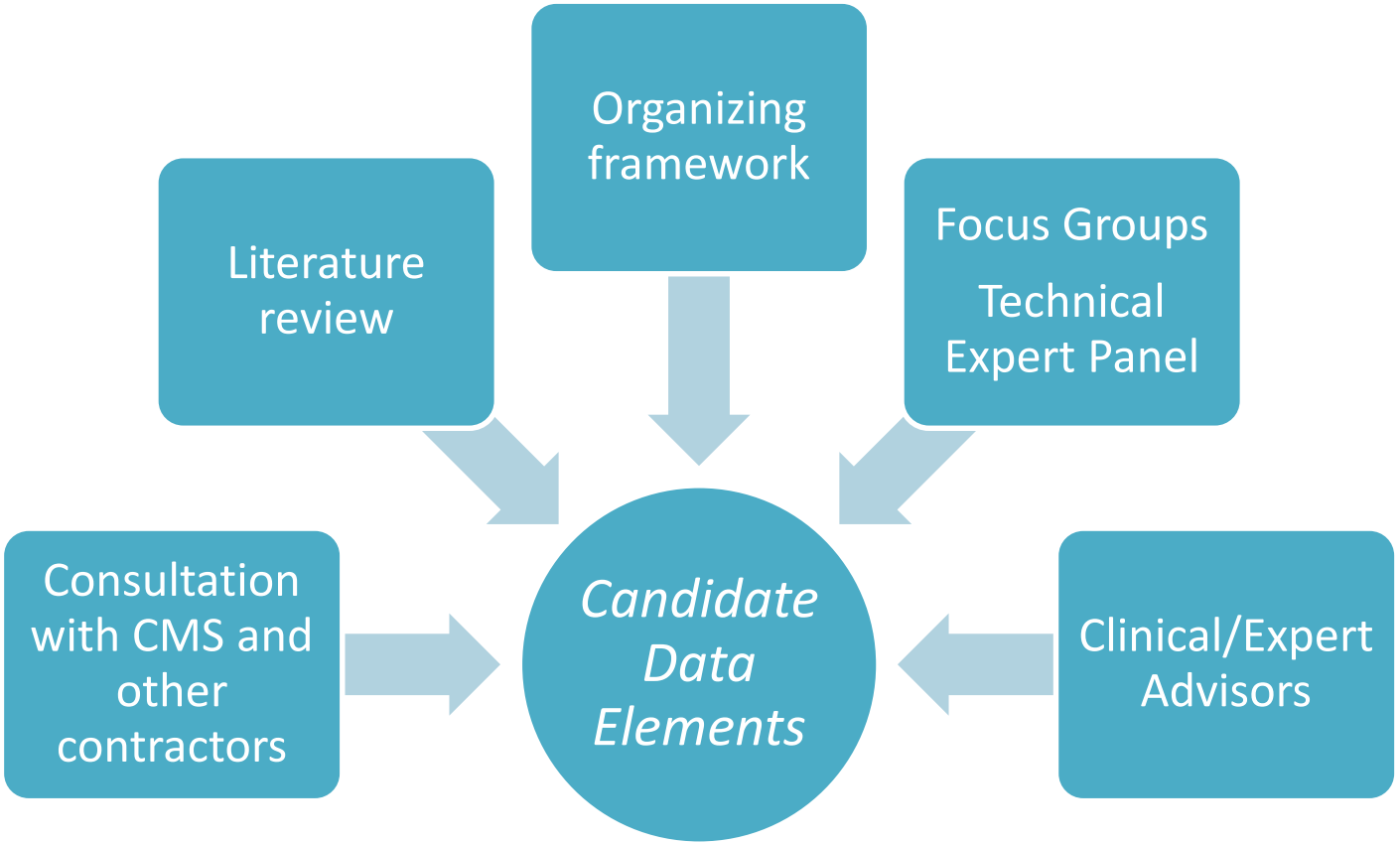
Overview of the RAND Contract

- Project goal is to develop, implement, and maintain standardized PAC patient assessment data
- Project phases:
  1. Information Gathering: Sep 2015 – Apr 2016
  2. Pilot Testing (Alpha 1 and Alpha 2): Aug 2016 – July 2017
  3. National Beta Testing: Begins Fall 2017
- Focus on clinical domains outlined in IMPACT Act: cognitive status, mental status (e.g., mood), medical conditions (e.g., pain), impairments (e.g., incontinence and sensory impairments), other clinical topics (e.g., care preferences and medication reconciliation)

Standardized Assessment Categories: General Timeline



Focus of Information Gathering was to Identify Candidate Data Elements for Pilot Testing



Evaluation of Candidate Data Elements

Potential for improving quality	• Improve care transitions, person-centered care and care planning • Improve care practices and patient safety • Use for quality comparisons, including value based payment models • Supports clinical decision making and care coordination
Validity and reliability	• Inter-rater reliability (consensus in ratings by two or more assessors) • Validity (captures the construct being assessed)
Feasibility for use in PAC	• Potential to be standardized and made interoperable across settings • Clinically appropriate • Relevance to work flow
Utility for describing case mix	• Potential use for payment models • Measures differences in severity levels related to resource needs

Feasibility Testing

Alpha 1

- 8 agencies/facilities
- Greater Hartford, Connecticut area
- August 2016

Alpha 2

- 15 agencies/facilities
- Houston, Texas; Chicago, Illinois; and Denver, Colorado
- April – July 2017

Early Feedback From Alpha 2 Test

- Strong engagement among participants
- Interest in participating attributed to provider desire to:
  - "Make a difference"
  - "Have a seat at the table"
  - "Be part of the solution"
- Staff training and practice assessments useful for early identification of issues/questions
- Acclimation to using tablets going smoothly

National Beta Test

- Final phase of data collection in this CMS project to test reliability and validity of data elements being considered for standardized assessment across the four Post-Acute Care (PAC) settings
- Field test will take place over a span of six months starting in November 2017
- 14 different geographic/metropolitan areas have been identified and eligible providers have been randomly selected from within these 14 areas
- Eligible providers will be contacted and invited to participate
- Participation is voluntary

Beta Test Markets

14 geographic/metropolitan areas for Beta include:

- Boston, MA
- Harrisburg, PA
- Philadelphia, PA
- Fort Lauderdale, FL
- Durham, NC
- Chicago, IL
- Nashville, TN
- Kansas City, MO
- St. Louis, MO
- Dallas, TX
- Houston, TX
- Phoenix, AZ
- Los Angeles, CA
- San Diego, CA

Beta Providers

- The Beta sample will include 210 PAC providers
  - 28 IRFs, 28 LTCHs, 84 SNFs, and 70 HHAs
  - Average of 2 IRFs, 2 LTCHs, 6 SNFs, and 5 HHAs per geographic area

Incentives for Participation

- Staff training and experience with the data elements that could become IMPACT Act requirements
- Ability to provide on-the-ground input to CMS
- A small honorarium ($1,000)
- Internal and external publicity to:
  - Emphasize your commitment to quality
  - Demonstrate participation in national standard setting
  - Showcase innovation in post-acute care
- National visibility/networking with peer organizations
- Video: https://youtu.be/4wyqS2mTRPE

Assessments

- Assessment will focus on:
  - Care preferences
  - Impairments
  - Medication reconciliation
  - Cognitive function
  - Medical conditions
  - Mental status
- Based on the PAC setting, the number of assessments will range from 1.5-3 per week for a total of 46 to 68 assessments
- Beneficiaries selected will be Medicare only or dually eligible (Medicare-Medicaid)
- PII/PHI: Assessment forms will not include patient/resident names but will instead include a unique study identifiers

Target Assessments Per PAC Type

Assessment Types	LTCH	IRF	SNF	HHA
- Admission	30	30	25	25
- Discharge	21	28	18	16
- Observation	10	10	5	5
- Total Assessments	61	68	48	46

- A subset of these assessments will also be coded by a project research nurse to evaluate inter-rater reliability

How Will the Data be Collected?

- Data collection will be completed electronically on handheld tablets
  - Tablets will be provided to staff prior to the field test
  - Staff will be trained to use the tablet
  - Prior experience with a tablet is helpful, but not required
- Data collection includes patient interviews and record review items

What is the Time Commitment?

- Two staff members will need to participate in approximately 16 hours of training
  - Assigned staff should be experienced in completing assessments
- Time will also be needed for
  - “Check-in” calls throughout data collection with assigned research nurses
  - Periodic telephone discussions with research staff

Staff Training

- PAC provider staff trainings will be held in mid-October through November 2017
- Training will be a combination of virtual (webinar/e-module) and in-person segments
- E-modules can be completed by staff at their convenience over a 2 week period
- Participating staff will need access to a computer
- Nursing CEUs will be offered

For More Information

- Email IMPACTbeta-test@rand.org with any questions or to express interest
- Request an individual conference call for your team
- Check the CMS web page for updates: https://tinyurl.com/NationalAssessmentTesting
- Call 1-855-233-5690