The IMPACT Act: Improving Care Coordination through Standardized Data Elements

Special Open Door Forum

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The Centers for Medicare & Medicaid Services, along with its contractor, RAND Corporation, Welcome You To This Special Open Door Forum
Focus of this Special Open Door Forum

• The IMPACT Act: Standardized Data Elements for PAC (RAND Contract)
  - Update on National Beta Test activities
  - Update and interim findings from stakeholder engagement activities
Overview of the RAND Contract

- CMS has contracted with the RAND Corporation to help meet the mandates of the IMPACT Act.
- Project goal is to develop, implement, and maintain standardized PAC patient assessment data.
- Project phases:
  1. Information Gathering: Sep 2015 – Apr 2016
- Focus on clinical categories outlined in IMPACT Act.
Data Element Categories

- Assessment will focus on:
  - Cognitive status
  - Mental status
  - Pain
  - Impairments
  - Special services, treatments and interventions
  - Other categories
    - Care preferences
    - Global health
    - Medication reconciliation
Current Project Activities

• National field test of all data elements being considered for data element standardization

• Information gathering and consensus building activities
  o Survey and focus groups with facility staff and administrators participating in Beta field test to better understand perceived clinical utility, feasibility, workflow issues, and patient assessment experience
  o Targeted outreach to professional and provider associations and PAC providers to hear concerns and discuss ideas
  o Ongoing project updates (SODFs, website)
National Beta Test

• Goal is to test reliability and validity of candidate data elements and identify best, most feasible subset for standardization to meet requirements of IMPACT Act

• Field test happening now with random sample of eligible providers in 14 randomly selected geographic/metropolitan areas

• Beneficiaries selected are Medicare only or dually eligible (Medicare-Medicaid) that are admitted to participating providers during the field period
Beta Test Markets

EAST REGION
Boston, MA
Philadelphia, PA
Harrisburg, PA
Durham, NC
Ft. Lauderdale, FL

CENTRAL REGION
Kansas City, MO
St. Louis, MO
Nashville, TN
Chicago, IL

WEST REGION
Los Angeles, CA
San Diego, CA
Phoenix, AZ
Dallas, TX
Houston, TX
Beta Test Protocol

- Two patient/resident test groups
  - Without communication impairments (assessments at admission and discharge)
  - With communication impairments (single assessment only)
- Assessment data elements for the following categories:
  - Cognitive status (e.g., expression and understanding)
  - Mental status (e.g., depressed mood)
  - Pain (e.g., pain interference with sleep)
  - Impairments (e.g., ability to see, continence)
  - Special services, treatments and interventions (e.g., IV chemotherapy)
  - Other categories (Care preferences; Global health; Medication reconciliation)
Beta Test Protocol

• The National Field Test Assessment Protocols are posted at the bottom of this page:

# Beta Participants and Assessments

<table>
<thead>
<tr>
<th>PAC Setting</th>
<th>Number of Providers*</th>
<th>Admission assessments (per provider)</th>
<th>IRR assessments (per provider)</th>
<th>Repeat assessments (per provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCH</td>
<td>24</td>
<td>720 (30)</td>
<td>240 (10)</td>
<td>120 (5)</td>
</tr>
<tr>
<td>IRF</td>
<td>25</td>
<td>750 (30)</td>
<td>250 (10)</td>
<td>125 (5)</td>
</tr>
<tr>
<td>SNF</td>
<td>62</td>
<td>1550 (25)</td>
<td>310 (5)</td>
<td>186 (3)</td>
</tr>
<tr>
<td>HHA</td>
<td>47</td>
<td>1175 (25)</td>
<td>235 (5)</td>
<td>141 (3)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>158</strong></td>
<td><strong>4195</strong></td>
<td><strong>1035</strong></td>
<td><strong>572</strong></td>
</tr>
</tbody>
</table>

*Numbers current as of March 6, 2018*
# National Data Element Testing

## Events and Dates

<table>
<thead>
<tr>
<th>Target Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 2017</td>
<td>Data collection begins</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>Data collection protocols published to CMS website</td>
</tr>
<tr>
<td>March 2018</td>
<td>Beta assessor survey</td>
</tr>
<tr>
<td>May-June 2018</td>
<td>Data collection ends</td>
</tr>
<tr>
<td>June-July 2018</td>
<td>Beta assessor focus groups</td>
</tr>
<tr>
<td>Winter 2018-2019</td>
<td>Summary report published to CMS website</td>
</tr>
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</table>
Stakeholder Engagement Activities

• Two activities in progress and planned to leverage the experience of assessors involved in the Beta test

1) Survey of Beta assessors
   o All Beta assessors will be asked to complete a survey about their experience and opinions of the items (e.g., burden, clinical relevance, feasibility)
   o Beta assessors will be asked about the patient experience with the candidate data elements (e.g., burdensome, confusing)

2) Follow-up focus groups with groups of assessors on the leading concerns identified through the survey
Stakeholder Engagement Activities

• Survey of Beta test assessors will be fielded soon

• About 300 field staff will be invited to participate in online survey on
  • Clinical utility of the assessment items
  • Ease and burden of data collection for the assessor and patient
  • Factors that affected ability to collect data

• Results of this survey will reflect on-the-ground experience of collecting the candidate SPADEs, and opinions of frontline clinicians on the value of candidate items
Stakeholder Engagement Activities

• In parallel to Beta test participant outreach, CMS and RAND have been engaging with PAC associations and providers through
  o Conference presentations
  o One-on-one interviews with purposive sample of organizations and providers

• Purpose of activities is to hear concerns and ideas for data element standardization, in order to incorporate end-user perspectives into the process
Upcoming Stakeholder Engagement Activities

• RAND will hold targeted webinars in mid-2018 on special populations (e.g., pediatric patients) to inform future PAC standardization efforts

• CMS and RAND will host a mini-conference on Data Element Standardization in PAC in late 2018 to discuss findings of testing and stakeholder engagement activities, answer questions, and hear feedback on candidate data elements

  • Mini-conference will provide opportunity for open discussion of candidate data elements with CMS leadership

  • More information on this will follow as details are put in place
# Stakeholder Engagement Events and Dates

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<th>Target Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Dec 2017</td>
<td>Public Comment Report published to CMS website</td>
</tr>
<tr>
<td>Dec 12, 2017</td>
<td>December SODF</td>
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<tr>
<td>Jan - June 2018</td>
<td>Outreach to PAC stakeholders (associations, providers, patient representatives)</td>
</tr>
<tr>
<td>Winter 2018</td>
<td>Data Element Standardization FAQ page posted to CMS website</td>
</tr>
<tr>
<td>March 28, 2018</td>
<td>March SODF</td>
</tr>
<tr>
<td>June 2018</td>
<td>June SODF</td>
</tr>
<tr>
<td>Summer 2018</td>
<td>Targeted webinars for special populations</td>
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<tr>
<td>Fall 2018</td>
<td>CMS Stakeholder Forum on PAC Data Element Standardization</td>
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<tr>
<td>Nov 2018</td>
<td>TEP Meeting</td>
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Stakeholder Feedback: Interim Findings

• We have currently completed ~15 interviews with PAC professional associations, provider organizations, or individual providers, and presented this work at 4 conferences

• These groups selected from organizations that submitted comments to this project’s earlier subregulatory calls for public comment or comments related to the SPADEs in the four NPRMs that proposed SPADEs
• We have heard
  • A lot of support for the goals of standardization, and appreciation that CMS has slowed down the process; but also
  • Requests for more information or clarification on the definitions, purpose, goals, and timing of the work.
• We review a few of the common questions we have been hearing in the next slides
What exactly do you mean by “standardized data elements”? 

- CMS has defined “standardized patient assessment data” as patient assessment questions and response options that are identical in all four PAC assessment instruments, and to which identical standards and definitions apply.

- Data elements are the individual assessment items (questions and response codes). They are not quality measures, although they may be used in existing or future quality measures.

- The entire assessment for each provider type – LTCH CARE Data Set, IRF-PAI, MDS, and OASIS – will not be standardized. Rather, some items – the SPADEs – will be inserted into the four assessments.
What are the Use Cases of the SPADEs?

• Goal to identify SPADEs that have the potential to be used for many purposes, such as
  • assessment data comparability across such PAC providers
  • data exchange and interoperability
  • care coordination
  • payment analysis
  • longitudinal outcome analysis

• SPADEs should support multiple use cases, e.g. clinical care, clinical decision support, care coordination, quality reporting, survey, care planning and payment and be clinically meaningful, and health information technology adoption
## How will CMS evaluate the SPADEs?

| 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 |
Milestones Timeline

- **Start of OY2**
  - Sep 24

- **Beta Research Nurse Training**
  - Oct 2 - Oct 6

- **Field trainings in 14 markets**
  - Oct 9 - Nov 30

- **Beta data collection**
  - Oct 23 - May 25

- **Stakeholder outreach (e.g., conversations with associations and providers, feedback from Beta assessors)**
  - Jan 1 - Dec 31

- **Final Beta data delivery**
  - Jun 8

- **CMS/RAND Forum on Data Element Standardization (est.)**
  - Oct 15

- **TEP (est.)**
  - Nov 15

- **Dec SODF**
  - Dec 12

- **Mar SODF (est.)**
  - Mar 15

- **Sept SODF (est.)**
  - Sep 14

- **June SODF (est.)**
  - Jul 13
Points of Contact

- CMS IMPACT Mailbox for comments/ideas:
  - PACQualityInitiative@cms.hhs.gov
- IMPACT item development general information:
  - impactact@rand.org