Welcome

• 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: Facilitating Improved and Coordinated Care Delivery
  - The Goal of the IMPACT Act
  - Expected Impact on Outcomes
  - PAC Provider Roles in Improving Coordinated Care
Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

• Bi-partisan bill introduced in March, U.S. House & Senate; passed on September 18, 2014 and signed into law by President Obama October 6, 2014

• Requires Standardized Patient Assessment Data that will enable:
  – Assessment and QM uniformity
  – Quality care and improved outcomes
  – Comparison of quality across PAC settings
  – Improve discharge planning
  – Interoperability
  – Facilitate care coordination

• Requires MedPAC and CMS to evaluate and recommend unified PAC payment models
IMPACT Act Identifies Categories to Standardize Data

- Function (e.g., self care and mobility)
- Cognitive function and mental status (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)
- Other categories required by the Secretary
Why These Data Categories?

Key Factors Important for Measuring patient complexity to

- Determine resource needs
- Monitor outcomes
- Pay providers equitably
Why Standardize Assessment Data?

One in five Medicare FFS Beneficiaries are admitted to an Acute Hospital/Year.

- Of them, 42% of go to at least one PAC:
  - Home health agencies
  - Skilled nursing facilities
  - Inpatient rehabilitation hospitals
  - Long term care hospital

- A Substantial Number Use 2 or more PAC Services During an Episode of Care
# PAC Utilization Patterns Following Hospital Discharge

<table>
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<tr>
<th>Episode Pattern</th>
<th>Count (5% Sample)</th>
<th>Percent of PAC Users (N=109,236)</th>
<th>Cumulative Percent</th>
<th>Mean Episode Payment</th>
<th>Mean Episode Length of Stay</th>
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**NOTES:**
1. A=Acute Hospital; H=HHA; I=IRF; L=LTCH; O=Outpatient Therapy; S=SNF/
What Outcomes Are Expected from the IMPACT Act?

- Standard terminology to measure patient complexity:
  - At any point in time during the stay or across services
  - Evaluate outcomes: changes between admission and discharge from care
  - Communicate across caregivers (acute, PAC, social support)
  - Measure costs equitably
  - Set payments equitably
What Outcomes Are Expected from the IMPACT Act?

Improve the Value of Care

• Are “similar” patients discharged to different types of PAC??

• Do outcomes for “similar” patients differ by type of PAC used?
How Can the IMPACT Act Help YOU Improve Care Coordination?

• Facilitate consistent and reliable definition of patient complexity and needs

• Improve communication across an episode of care by:
  • Using common language across medical professions to define patient complexity
  • Allowing interoperability of data across organizations involved in episode of care

• Improve care transitions by:
  • Preventing potential adverse events
Roles of PAC Providers in Supporting Coordinated Care

- Improve communication with PAC liaisons about patient complexity before transfer

- Enable timely transfer of information about patient’s:
  - Medical status
  - Functional status
  - Cognitive status
  - Care preferences

- Timely transfer of information to patient’s other caregivers, including Primary Care Physician, family members, residential support systems
Facilitate discussion with the array of PAC providers about how the IMPACT Act can help you:

• improve care
• measure outcomes
• improve value, and
• build systems that achieve the Triple Aim
What Do We Hope To Gain Today?

Input from you on:

• Potential ways the IMPACT Act can help improve patient-centered care coordination and develop better healthcare delivery systems

• Potential barriers to improving care coordination and healthcare delivery systems

• Roles providers can play in implementing the IMPACT Act
Some Questions to Get us Started

• How can standardized information help you improve care coordination?
  • As a provider, what information do you need to facilitate a safe, effective care transition? When would it be helpful to have this information? How would you suggest it be presented?
  • What elements do you think are important for distinguishing the value or importance of your care in the patient’s episode of care?
  • What types of information do you currently share when coordinating patient care that you think could be better conveyed? And why is this information important to care coordination?
Some Questions to Get us Started

Care Coordination: What type of information would be helpful for improving care coordination across an episode of care for ...?

- Hospital staff (hospitalist, surgeon, case manager)
- PAC staff (medical director, case manager, treatment team)
- Patient’s primary care physician
- Patient’s family and social support systems
- Patient
Continued Opportunity for Stakeholder Engagement

- Small group discussions with PAC providers and Researchers
- Technical Expert Panels
- Conference Presentations
- Future Special Open Door Forums
Summary

• Goal of the IMPACT Act is to improve care coordination/facilitate better care within and across services

• Discuss provider needs and how the IMPACT Act can help YOU facilitate better care coordination and improve care transitions

• Future Stakeholder Engagement Opportunities
THANK YOU for taking the time to give us your input on this important national effort!!
Want to Get Involved?

Please send comments/questions/ideas to the CMS IMPACT Mailbox:
PACQualityInitiative@cms.hhs.gov