

Patient Assessment Instruments Collect Information on:

- Health Condition
- Goals
- Preferences
- Ability to Communicate
- Whether They Experience:
 - Pain
 - Language problems
 - Skin conditions
- Cognitive Status Like Memory
- Event History Such as Falls and Functional Goals and Status (activities of daily living)

Assessment Instruments Are Completed When:

- Admitted
- Discharged
- Other intervals relevant to changes in the patient or resident's health status

Past Efforts to Standardize Assessment Data

➤ **Benefits Improvement & Protection Act (BIPA) of 2000**

- Required the Secretary to report to Congress on standardized assessment items across PAC settings

● **Deficit Reduction Act (DRA) of 2005**

- Required the standardization of assessment items used at discharge from an acute care setting and at admission to a post acute care setting
- Established the Post-Acute Care Payment Reform Demonstration (PAC-PRD) to harmonize payments for similar settings in PAC settings
- Resulted in the Continuity Assessment Record and Evaluation (CARE) tool, a component to test the reliability of the standardized items when used in each Medicare setting

● **PAC Reform Demonstration requirement of 2006**

- Data to meet federal Health Information Technology (HIT) interoperability standards

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Quality Care and Improved Outcomes Through:

- Comparability of quality measurements across PAC settings
- Improved discharge planning
- Interoperable health information exchange
- Facilitation of care coordination
- Payment models based on the individual's characteristics, instead of care setting

Patient Assessment Instruments from PAC Providers

- Must be modified in order to enable the submission of the standardized data that is uniform, and to effectively enable:
 - ✓ Comparative data
 - ✓ The transferability of data
 - ✓ The ability to look at longitudinal outcomes

Quality Measures

- Calculate whether and how often the healthcare system does what it should
- Help to quantify:
 - ✓ Healthcare processes
 - ✓ Outcomes
 - ✓ Patients perceptions
 - ✓ Organizational structure and/or systems

Measure Domains

- Incidence of Major Falls
- Skin Integrity and Changes in Skin Integrity
- Functional Status, Cognitive Function and Changes in Cognitive Function
- Medication Reconciliation
- Transfer of Health information and care preferences (when beneficiaries transition among care settings)
- Resource use measures, including total estimated Medicare spending per beneficiary
- Discharge to community
- All-condition risk-adjusted potentially preventable hospital readmission rates

Opportunities for Engagement

- Attending Open Door Forums or Special Open Door Forums (ODFs/SODFs)
- Participating in National Provider Calls (NPCs)
- Participating in Technical Expert Panels (TEPs)
- Commenting on CMS Quality Measures Through Public Comment Period
- Getting Involved with the Measure Applications Partnership (MAP)
- Commenting on Measures Under Consideration
- Seeking other Opportunities Through the National Quality Forum (NQF)

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...through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. But coverage isn't our only goal. To achieve a high quality health care system, we also aim