Introduction to the Improving Medicare Post-Acute Care Transformation Act of 2014

Amanda Barnes Intro

I am Amanda Barnes, from the Provider Communications Group here at CMS. I would like to welcome you to today's MLN Connects video on IMPACT Act of 2014. The objective of this video is to support the National Quality Strategy including better care; healthy people, healthy communities; and affordable care to all Americans.

Our special guest speakers today are Dr. Patrick Conway, the Principal Deputy Administrator and Chief Medical Officer for CMS and Charlayne Van, Senior Health Policy Analyst with the Centers for Medicare and Medicaid Services, Division of Chronic and Post-Acute Care.

I will now turn the video presentation over to Charlayne Van.

Charlayne Van
Thank you, Amanda.

I would like to welcome you and our viewers to this informative interview about the Improving Medicare Post-Acute Care Transformation Act of 2014 also known as the IMPACT Act.

Dr. Conway, thank you very much for joining us today to help us understand this very important legislation known as the IMPACT Act.

Dr. Patrick Conway
Thank you, Charlayne. I am very pleased to have this opportunity to share not only with colleagues and other individuals in the healthcare industry, but with the rest of the country the exciting work we have ahead of us through the IMPACT Act.

Charlayne
Dr. Conway, I would like to start by asking you to please share with our viewers what the IMPACT Act is.

Dr. Conway
The Improving Medicare Post-Acute Care Transformation Act of 2014, commonly known as the IMPACT Act, is legislation that, among other things, requires post-acute care providers to submit standardized patient assessment data. These post-acute care providers are: Home health agencies, Skilled nursing facilities, Inpatient rehabilitation facilities, and Long-term care hospitals. In addition, the Act requires that we make assessment data "interoperable" in order to support coordinated care.

Currently post-acute care providers use patient assessment instruments that are standardized by provider type to collect and submit assessment based data, but these assessment instruments are not standardized across the different post-acute care providers. As a result, while similar concepts are being collected and submitted, the data is not necessarily uniform in a way that allows information to be

shared among providers or settings of care, and because of this lack of standardization the data cannot be compared across providers.

In essence, the Act seeks to standardize data elements used through various patient (and resident) assessment instruments by aligning certain data elements across instruments to support our ability to measure and compare quality across providers/setting of care. The Act allows for interoperability, which permits the seamless exchange of information across providers—not only post-acute care providers but other providers who offer care to individuals. In the ideal state, important information would follow the person as services are delivered in hospitals, and by physicians, long-term and post-acute care providers, and home and community-based service providers.

This will be a critical step toward facilitating coordinated care and improving Medicare beneficiary outcomes.

Charlayne
For those of us who aren't technical, could you help us understand these patient or resident assessment instruments?

Dr. Conway
I will be glad to try to explain that in simple terms.

A patient assessment instrument is used to collect information regarding an individual --such as a nursing home resident or a patient in a Long-term Care Hospital-- through a series of health assessment questions that a healthcare provider obtains through their assessments and interviews of the patient or resident. They gather specific information about the patient or resident's health condition, their goals, preferences, ability to communicate, whether they experience pain, language, skin conditions, medications, cognitive status like memory, event history such as falls, and functional status (including their abilities to perform activities of daily living) and functional goals. It is usually completed when the individual is admitted, discharged, and at other time intervals relevant to the changes in their health status.

At the provider level, this assessment data is used for activities such as care planning and clinical decision support, ongoing and real time quality improvement purposes. In brief, the assessment information makes available to the provider important data that enables person-centered, high quality care.

CMS also uses assessment data for a variety of purposes, such as for calculating quality measures for public reporting and quality improvement initiatives, reimbursement, and to fulfil survey-related requirements.

The assessment instruments in long-term care hospitals, inpatient rehabilitation facilities, home health agencies, and skilled nursing facilities often require data on the same concepts and domains, but ask the questions and record the answers differently. That's why the IMPACT
Act is focusing on standardizing these data across care settings as a building block for other important improvements. Importantly, by standardizing data collection on essential information, such as core health assessment areas, preferences and goals and making this standardized data interoperable, providers can engage in health information exchange and use the valuable data to improve long-term outcomes for our beneficiaries.

Charlayne
Since you just mentioned standardizing assessment data, I think it would be very helpful if you could take a moment to share with our audience some of your thoughts related to the use of standardized assessments in post-acute care, and any historical efforts toward assessment data element standardization.

Dr. Conway
First of all, let me say that we know that post-acute care is unique in that the providers submit assessment data for multiple purposes, underscoring the goal of collect once, use multiple times. Efforts toward standardizing assessments across the PAC providers date back many, many years ago—including BIPA of 2000 (Benefits Improvement & Protection Act which required the Secretary to report to Congress on standardized assessment items across PAC settings) and the Post-Acute Care Payment Reform Demonstration (PAC-PRD) of the mid 2000's that sought to harmonize payments for similar PAC settings.

As an outgrowth of those efforts, CMS leadership met and agreed to the direction, resources, and steps necessary to support efforts to achieve standardized assessment data across post-acute care assessment instruments in replacement of the unstandardized legacy items.

Importantly, we made a commitment toward achieving the ideal state, knowing it would be a journey and would require collaboration and research.

All of this was before the passing of the IMPACT Act.

Charlayne
So Dr. Conway, what led to passing the IMPACT Act?

Dr. Conway
Great question, Charlayne. It is important to know that the efforts towards achieving data standardization did not stop with the passing of BIPA, which I just mentioned, but it has been an ongoing push that has continued throughout the years.

For example, after BIPA we saw the introduction of the Deficit Reduction Act (DRA) of 2005 where Congress directed the Centers for Medicare & Medicaid Services (CMS) to standardize assessment items that would be used at the time of an acute care hospital patient discharge, and at admission to and discharge from a post-acute care (PAC) setting. The goal was to create uniform approaches for measuring medical, functional, and cognitive complexity, regardless of the treatment setting, and to allow for cost and clinical outcome comparisons of the PAC patient population.

The DRA led Congress to authorize the Post-Acute Payment Reform Demonstration (PAC-PRD) which directed CMS to deliver a report on the results. The PAC-PRD was aimed at reforming and harmonizing the disparate methods of paying for services in PAC settings that either are, to a degree, substitutes for one another or complements to each other. In the process, a new patient assessment instrument was to be developed to provide a uniform way of assessing patient needs across settings and to measure the comparability of patients and outcome. The

PAC-PRD resulted in the development of the Continuity Assessment Record and Evaluation Tool, called the CARE Tool, which is an item set, used for testing data collection items that would meet the mandate directed by Congress across participating care settings.

All of these legislative mandates led to what we are discussing today – the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act of 2014) which builds upon BIPA of 2000 and the DRA of 2005 and hastens the cross-setting assessment data standardization activities that CMS has already been engaged in.

Charlayne
It certainly seems clear that there has been a lot of groundwork to get to where we are in reforming healthcare. Before we move on, are there any specific details you would like to summarize that make the IMPACT Act unique?

Dr. Conway
Absolutely, Charlayne. There are some components that make this initiative unique and valuable. For example: The Act enables us to reach that "ideal state" we had projected years ago, where health information, preferences and goals, can be utilized in real-time by not only the providers but importantly –by our beneficiaries and those who support them.

The IMPACT Act requires standardized and interoperable assessment data that will enable quality care and improved outcomes that is efficient and cost effective through:

- Comparable quality measurement 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

Additionally,

- The Act validates our intentions and efforts that we had established and were already in flight
- We can work now to build upon the vision we had back in 2012 when we met as a cross-agency team and agreed to work together toward standardization and now extend these efforts to support interoperable exchange

The IMPACT Act of 2014 was historic not only because it was a bi-partisan bill introduced in March of 2014 and easily passed in September, it was historic because it really does enable transformation of not only post-acute care, but also because it will enable critical information to follow the person.

Charlayne
In terms of data standardization, what does the IMPACT Act mean?

Dr. Conway
It is actually a critical component for data standardization across post-acute care settings.

Among other significant activities, the IMPACT Act requires that home health agencies , skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals report standardized patient

assessment data with regard to at least the specified assessment categories and quality measures for certain quality measure domains provided in the Act.

Patient assessment instruments from these post-acute care (PAC) settings must be modified to enable the submission of the standardized data that is uniform and to effectively enable comparative data, the transferability of the data, and the ability to look at longitudinal outcomes. The standardized data elements will be nested within different assessment data collection instruments currently being used by these PAC settings.

Standardized data will enable high quality person-centered care, facilitate clinical decision support, and facilitate efficient care coordination through the transmission of information pertaining to health assessment, treatments, preferences, and care goals. Assessment data will be linked to health IT standards to enable the interoperable exchange of this information so that data can follow the person across the spectrum of care.

Additionally, standardized data allows individuals and providers to determine appropriate care settings using clinical evidence and quality metrics in concert with an individual's goals and preferences. The comparable data is also vital for research necessary to develop models that base payment on individual characteristics, rather than provider type. As you can see, if the uniform data is not available, it is challenging for information to follow the individual, which impairs coordinated care, it inhibits person-centered, healthcare services decisions and impedes post-acute care payment reforms. Moreover, standardized data is a major step in moving away from fragmented healthcare services and improving our healthcare system, overall.

Charlayne
Based on what you just explained, how does a quality measure fit within the standardized assessment data that post-acute care providers need to report? Is there an easy way to explain what a quality measure is?

Dr. Conway
I will try to give you a practical answer hoping that it will be easily understood by those who do not necessarily work directly with healthcare reporting processes.

Quality measures are a way to calculate whether and how often the healthcare system does what it should. The measures help us quantify healthcare processes, outcomes, patient perceptions, as well as organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care.

Measures are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care. A single measure can be very specific as –for example-- the percentage of diabetic patients whose blood sugar reaches a certain level, or more general, such as the number of community members whose diabetes is well managed according to specified criteria.

Charlayne
You also spoke about domains. Could you tell us what domains are and why they are so relevant to the IMPACT Act?

Dr. Conway
To give you a point of reference, quality measures are grouped in certain categories of measure domains. For example: the percent of residents experiencing one or more falls with major injury corresponds to a domain known as Incidence of Major Falls. Likewise, there are several other domains that have a number of measures related to the specific nature of the domain. These domains include:

- Incidence of major falls
- Skin integrity and changes in skin integrity
- Functional status, cognitive function, and changes in function and cognitive function
- Medication reconciliation
- Transfer of health information and care preferences when an individual transitions

In addition to these quality measure domains, the IMPACT also calls for the following resource use and other measures:

- Resource use measures, including total estimated Medicare spending per beneficiary
- Discharge to community
- All-condition risk-adjusted potentially preventable hospital readmissions rates

Charlayne
Will the standardization and linking this data to health IT standards enhance alignment between the post-acute care and other settings (for example, acute care inpatient hospital and home and community-based services)?

Dr. Conway
I certainly believe that the data standardization and interoperable specifications will improve hospital discharge planning and care coordination with other providers. The ultimate goal is to foster seamless care transitions, develop, and use measures that can follow the patient, enable evaluation of longitudinal outcomes for patients that traverse settings and assess quality across settings, improve outcomes and efficiency, and reduce provider burden.

Charlayne
How will data standardization affect the way each post-acute care provider collects and reports on this data?

Dr. Conway
The IMPACT Act requires that post-acute care providers submit standardized assessment data for specific quality measure domains and assessment categories, and also identifies the timelines by which the providers must submit such data to CMS.

I just mentioned the measure domains, so let me tell you now about the assessment categories. The IMPACT Act requires that PAC assessment data elements in several assessment categories also be standardized and made interoperable. These assessment categories include:

- Functional status, such as mobility and self-care
- 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 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
- Other categories deemed necessary and appropriate by the Secretary

These data will be collected and reported through incremental updates to the assessment instrument providers are already using. It is important to point out that each provider type has needs related to data submission outside of the core items necessary to satisfy the intent and requirements under the IMPACT Act.

Charlayne
How is CMS planning to implement the IMPACT Act, is there a specific timeframe?

Dr. Conway
There are timeframes provided within the IMPACT Act legislation that are associated with the quality measures and assessment categories that require standardized data elements. Those timeframes illustrate an incremental approach to modifying the four assessment instruments. The timelines vary according to measure, assessment category and provider type.

Charlayne
For more information on timelines, please visit CMS.gov and search IMPACT ACT. Do you have an easy way to summarize the expected outcomes of the IMPACT Act?

Dr. Conway
We are very excited about many expected positive outcomes that include information sharing among providers, giving beneficiaries the ability to compare services among providers, and more efficient care coordination overall. But I can think of three main additional outcomes:

- The collection of standardized assessment data across Post-Acute Providers will support patient assessment, quality comparisons, resource use measurement, and payment reform
- It will support the continuity and coordination of care for beneficiaries as they transition across settings and providers and multiple care providers are engaged in providing services. It will support the exchange of information regarding the individual's health and functional status, and care preferences.
- It will help protect the choices of the beneficiary and access to care as it directs the Secretary to develop regulations encouraging the use of quality data in patient discharge planning while continuing to take into account patient preferences and goals

I think it is also important to note that we expect the IMPACT Act to generate many good outcomes for beneficiaries as well. For instance, the IMPACT Act puts in place cross-setting quality measures, and other measures that address important topics associated with quality. These and the utilization of the standardized patient assessment data will facilitate the ability to compare outcomes across different care settings, supporting better choices and better outcomes for patients.

Most importantly, the "T" in IMPACT Act is for "Transformation", because we think this is a pathway for real change. We believe that individuals will see improvements in care coordination and ultimately an improved service delivery with long-term quality outcomes. Meaningful data will then be made interoperable and transferable among PAC and other care providers—fostering coordination in care. It

enables information that can follow them making service and healthcare delivery more timely and efficient. The focus in the IMPACT Act on supporting interoperable health information exchange by post-acute care providers will reduce the risks that exist during transitions in care services and create other opportunities to improve the quality of care.

Charlayne
How about the various stakeholders and public input, what kind of stakeholder and public engagement will there be for the implementation of the IMPACT Act?

Dr. Conway
The IMPACT Act requires tremendous coordination and collaboration within and across CMS components as we work to align/standardized assessment data element across instruments, and make these data elements interoperable by leveraging health IT standards that have already been implemented in the technology used by physicians and hospitals.

In addition, there are many ways for stakeholders and the public to engage and provide input during the implementation process that are meant to foster transparency and participation. These opportunities for engagement include:

- Attending Open Door Forums (ODFs) or Special Open Door Forums (SODFs) for live dialogue between CMS and the stakeholder community at large
- Participating in National Provider Calls (NPCs) that aim to educate and inform participants about new policies and/or changes to the Medicare program
- Participating in Technical Expert Panels (TEPs) to contribute direction and thoughtful input to the measure development and maintenance process
- Commenting on a CMS Quality Measure through the public comment period to provide input on the measures under development
- Getting involved in the Measure Applications Partnership (MAP), a multi-stakeholder group convened by the National Quality Forum (NQF) to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for federal health programs
- Commenting on Measures under Consideration for use in federal health programs, which is used in the MAP process
- Seeking additional Opportunities through the National Quality Forum (NQF) which convenes working groups with key public and private sector leaders to foster quality improvement in both public and private-sectors by endorsing consensus standards for performance measurement

Charlayne
Before we close this very informative interview, does Patrick Conway have a personal expectation for this landmark legislation?

Dr. Conway
I expect that we work together not only internally at CMS but also in collaboration with
PAC providers and other stakeholders to realize the potential that standardized data has for facilitating long-term quality outcomes across the care continuum to foster care coordination as the individual traverses the healthcare system and to close gaps related to person and family centered, coordinated care.

As a result, the expected outcome is that through consensus building the team will come together and work in collaboration to reach an environment where standardization is well defined as there will be data elements required for use in each of the specified assessment instruments.

I also look forward to an environment where we can identify all opportunities to incorporate the use of interoperable post-acute care assessment data into our programs, support the interoperable specification of the post-acute care data elements, and guide the intent and goals of the IMPACT Act and the opportunities it presents while engaging and informing additional components, leadership, and external stakeholders.

Ultimately, we will know this effort is a success when we hear from the providers and the patients that it is a success. That's our North Star—to improve care for beneficiaries, residents, and their families.

Amanda

Thank you Dr. Conway and Charlayne, for joining us today to help us learn more about the IMPACT Act of 2014 and the exciting work that lies ahead. More information on this topic is available on the CMS.gov website under IMPACT Act. Thank you and have a nice day.