MLN Connects®

National Provider Call Transcript

Centers for Medicare & Medicaid Services
IMPACT Act: Data Element Library Call
MLN Connects National Provider Call
Moderator: Leah Nguyen
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Contents

Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Leah Nguyen. Thank you, you may begin.

Announcements and Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communications Group here at CMS, and I am your moderator today. I would like to welcome you to this MLN Connects National Provider Call on the IMPACT Act Data Element Library. MLN Connects Calls are part of the Medicare Learning Network®.

The Improving Medicare Post-Acute Care Transformation or IMPACT Act of 2014 requires the reporting of standardized patient assessment data by post-acute care providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. The Act specifies that data elements must be standardized and interoperable to allow for the exchange and use of data among these post-acute care and other providers, including common standards and definitions, to facilitate coordinated care and improve beneficiary outcome. During this call, subject matter experts will discuss the elements of the Data Element Library.

Before we get started, I have a couple of announcements. You should have received a link to the presentation for today's call and previous registration emails. If you have not already done so, you may view or download the presentation from the following URL, go.cms.gov/npc. Again, that URL is go.cms.gov/npc. At the left side of the webpage, select National Provider Calls and Events, then select the April 14th call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to MLN Connects Call website. Registrants will receive an email when these materials are available.

Lastly, registrants were given the opportunity to submit questions. We will address some of these questions before the question-and-answer session.

At this time, I would like to turn the call over to Jennie Harvell working with the CMS Center for Clinical Standards and Quality, Division of Chronic and Post-Acute Care on implementation of the IMPACT Act and the Data Element Library.

Presentation

Jennie Harvell: Thank you, Leah. My name is Jennie Harvell. And thank you, everybody, for participating in today's National Provider Call on the IMPACT Act and the Data Element Library.

CMS Data Element Library

I will start by providing an overview of the Data Element Library and the content in the library database and describing the type of content that could be made available from the library to providers, health IT vendors, and others. I'll be followed by Dr. Larry Garber, who will describe the value of using the content from the library. And then Michelle Brazil will provide an update on some of the upcoming stakeholder engagement activities, as well as addressing a few questions that came in in advance of today's discussion. And then we'll open it up for discussion with you to address the questions that we've posed on slide number 26.

Turning now to slide 4. The concept of the Data Element Library initially emerged in response to CMS's business need for assessment data. For many years, CMS has required post-acute care providers to complete and electronically transmit assessment information. And CMS uses this assessment data for a variety of purposes, depending upon the setting. These uses include payment, quality reporting and monitoring, and other activities.

Historically, these assessment instruments have included similar, but not aligned, data elements. CMS has long understood the value of standardizing, that is, aligning data elements across the post-acute care assessment instruments as a way to improve quality measurement and monitoring activities and also to support payment policies. In addition, standardizing assessment content across post-acute care providers is expected to support information sharing by and between post-acute care providers.

CMS envisioned the Data Element Library and its content will serve as a resource that could support CMS in its business function and could also support providers and vendors who seek to exchange and reuse information. The Data Element Library is expected to include mappings between post-acute care assessment data elements and nationally accepted health IT standards, making available assessment data elements that have been linked with health IT standards. It's expected to support the integration of interoperable assessment content into EHRs and other health IT applications that could support information exchange and reuse by post-acute and other providers.

CMS believes that, by making available the mapping of assessment data elements to health IT standards, we'll create a key foundation for enabling wider information exchange between providers, and with state health information exchange organizations, registries such as public health registries, and other Federal and State agencies. The passage of the IMPACT Act has underscored and supported this vision.

Moving on to slide 5. As noted, the content in the CMS Data Element Library will assist CMS in managing the standardization of post-acute care assessment data elements and the identification of health IT standards for these data elements. The presentation today will focus on the last two bullets of this slide, how post-acute care and other providers

could access content from the Data Element Library database to support interoperable health information exchange and the adoption of interoperable health IT products, and also how vendors – health IT vendors could access content from the library database to support the development of interoperable health IT and health information exchange solutions for post-acute and other providers.

Slide 6. As noted, the IMPACT Act requires that CMS standardize certain assessment data elements in specified quality measure domains and assessment categories. And also, the Act establishes timelines by which post-acute care providers are required to report and – report that standardized information to CMS. This slide highlights the post-acute care providers and the assessment instruments to which these requirements apply. In addition, the IMPACT Act requires that CMS make certain assessment data elements interoperable by using standards and definitions in order to facilitate care coordination and improve beneficiary outcomes.

However, before proceeding, I want to make it clear:

One, CMS does not envision establishing a single assessment tool across post-acute care providers. Each of the four post-acute care settings will continue to have their own setting-specific instruments—the MDS for nursing homes, OASIS for home health agencies, LCDS for long-term care hospitals, and the IRF-PAI for inpatient rehab facilities. Further, CMS anticipates the continuing need for some setting-specific data elements.

Secondly, neither the IMPACT Act nor CMS requires that post-acute care providers use interoperable assessment content. The Act requires that CMS make certain assessment data elements interoperable. And by so doing, CMS is creating opportunities for providers and vendors to leverage this interoperable content to improve quality and coordination of care, increase efficiencies, and enhance their market position.

Moving on to slide 7. This slide highlights the IMPACT Act quality measure domains and assessment categories. The quality measure domains are identified, or listed, on the left-hand side, and the IMPACT Act Assessment Categories are listed down the right. The IMPACT Act requires that CMS standardize and make interoperable data elements in the quality measure domains and the assessment categories. When you compare these two lists, there's obviously some overlap between the quality measure domains and assessment categories, and there are also some differences between the quality measure domains and the assessment categories.

Slide 8. The CMS Data Element Library is being built in phases. Post-acute care assessment data elements that are presently required for use are being added to the Data Element Library database, and the database will be updated as new data elements are required.

In addition, health IT content and exchange standards will be added over time. For example, LOINC® and SNOMED codes will be added to the database. Some LOINC and SNOMED codes are presently available for some assessment data elements, and these codes will be added to the database in the near term. Other content codes will be added when they become available from the standard development organization such as Regenstrief, the entity that establishes and maintains LOINC codes. As new data elements are introduced and entered into the library, new HIT content codes will be acquired and included in the database.

In addition, nationally accepted health information exchange standards will also be added to the database over time. For example, we are presently working to identify assessment data elements that could be used in summary documents such as the CCD (continuity of care document) or in care plans. As mapping relationships between data elements and interoperable documents are completed, these mapping relationships, these health information exchange standards, will also be included in the library database.

Moving on to slide 9. As mentioned, one of the functions in the library database is expected to support searching for data elements across post-acute care assessment instruments. One way to search for data elements in the library database could be by domain. Domains will be identified for – in the library for each data element that falls within the scope of the IMPACT Act quality measure domain and the assessment category. Additional domains could also be identified that would allow for more granular clustering of data elements, which could enhance or refine the ability to search for data elements in the library.

Moving on to slide 10. This slide highlights some of the potential additional domains that could be included in the library database. We would like your feedback on these domains when we come to the questions posed on slide 26. Do you think it would be useful to map data elements to these or other domains in the database? If so, which domain and why?

Type of Library Information that Could Be Publicly Available

Slide 11. This slide presents information that was also discussed during the February 4th National Provider Call. We include it here to include a couple of points. Interoperability is the ability of systems to exchange health information and to use electronic health information from other systems. Humans are not expected to become fluent in health IT standards. However, providers should understand that electronic exchange of information can enable individuals and their caregivers to become active partners in their care and can improve the overall health of the population. Further, interoperable exchange can yield additional opportunities for data reuse, efficiencies, and cost savings.

I want to acknowledge some of the comments or questions that we received in advance of today's presentation, asking whether toolkits and training materials would be available to assist providers in meeting the goals of the IMPACT Act and using the content in the library. We will take the dissemination and method of distribution of this information into consideration as we develop educational and training materials. In addition, we will share with the Office of the National Coordinator the public's request for toolkits and other forms of technical assistance for assessment data elements and the health IT and health information exchange standards. Next slide, please.

Slide 12. As alluded to, by linking assessment data elements, nationally accepted health IT content, and exchange standards, we anticipate that information exchange and reuse across the care continuum will be supported. The column on the left lists stakeholders with whom information could be exchanged. And on the right, there is a variety of instances of information reuse. Dr. Larry Garber will be addressing some of these opportunities in his presentation.

Slide 13. As mentioned, CMS is required by the IMPACT Act to make certain post-acute care assessment data elements interoperable by using certain standards and definitions to support improved care coordination and beneficiary outcomes. CMS anticipates making available to the public certain predefined reports of information from the library that would be useful to providers, vendors, and others. These reports will be available in PDF, CSV, and/or Excel format.

This slide lists, by way of example, some of the predefined reports that could be made available from the library, including reports on assessment data elements that are mapped to domain and national health IT standards such as content standards, including LOINC, SNOMED, ICD-10, exchange standards such as the Consolidated-Clinical Document Architecture, which includes document standards for transfer documents, referrals in care, care plans, and other document types. Again, when we reach slide number 26, we are requesting your feedback on the type of content and reports from the library that you would find useful and why.

And so with that, I'm going to turn it back to Leah, and she'll make an announcement.

Keypad Polling

Leah Nguyen: Thank you, Jennie. At this time, we will pause for a few minutes to complete keypad polling. Kalia, we're ready to start polling.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad, and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two

and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Thank you for your participation. I would now like to turn the call back over to Leah Nguyen.

The Value of Using the Data Element Library

Leah Nguyen: Thank you, Kalia. I'll now turn the presentation over to Dr. Larry Garber. Dr. Garber is a practicing physician and medical director for informatics at Reliant Medical Group. He has experience practicing in both acute and post-acute care settings. He is also a national expert on health information exchange and health IT standards. His presentation today does not reflect CMS policy.

Dr. Larry Garber: Thank you. This is Larry Garber, and thank you for that CMS disclaimer.

So, I'd like to just jump right into slide 15 because what we're going to talk about is, why should you care about what you're hearing today? You know, you are – you work in a post-acute care setting, and you're overworked and understaffed—and I think CMS thought I was going to say underpaid, which is why they threw that disclaimer in there. And, you know, CMS is working on this Data Element Library that you've been hearing about. Jennie did a great job describing what it entails, where it's going to be mapping your assessment tool back and forth to other assessment tools and to the Consolidated CDA, which may be a new term to many of you.

And the fact is that you're not required to use the Data Element Library. No one's forcing you. No one's paying you for using the Data Element Library. So really, the bottom line is, why should you care, and why should your health information technology vendor care? So, let's go to slide 16, and I'll explain why you should care and pay attention.

So first of all, we're all part of the same healthcare system. You know, I'm a primary care physician. I work in my office, I work in the hospital, I work in post-acute care, and we all receive patients from other settings and we all send patients to other settings. So, we're all part of the same continuous system of caring for our patients, yet the data that we have, and the language that we speak, and the assessment tools and summary documents that we use are really like individual silos.

So, for instance, the hospitals and the physician practices—we all use consolidated CDAs as a way of pulling together a collection of clinical information about our patients. It's our equivalent – it's the closest thing we have to the assessment tools that are used in

post-acute care. Whereas post-acute care—you've got the MDS, and IRF-PAI, and LCDS, and OASIS, and each of those are different. They're not interoperable just the way – it's as if the hospitals and physician practices use PDF documents, and the nursing homes use CSV documents, and the home health agencies use XLS documents, and the IRF—inpatient rehab facilities—use PPTs, and none of them can interoperate with each other. And that's why CMS is coming up with the Data Element Library.

It's that tool that will allow translation among the different document types in both acute – post-acute care community, as well as between post-acute care and the hospitals, and the physician practices. So that when a hospital sends a patient to post-acute care, they're going to generate the document that they know, which is the consolidated CDA document, and your vendor could use the Data Element Library to translate that and – into data that you could reuse to help you create your assessments. And conversely, when you're sending a patient to other parts of the post-acute care community or back to the – back to an emergency room or to the primary care physician, you'll be able to use some of the data that you've already collected in your assessment tools, and your vendor, with the help of – using the Data Element Library, will be able to help reuse that data as you create consolidated CDA documents that the hospital will understand and be able to interpret. So, if you want to be a team player in a value-based care setting, which is becoming more and more popular and abundant throughout our communities, this is the kind of thing you're going to be needing to be able to do.

So, let me give you some examples. On slide 17, we're going to be talking about a scenario use case from a patient coming from hospital to a skilled nursing facility, and I'll show you what happens when a patient goes from a skilled nursing facility to home health, and then from home health to a primary care physician, and then finally how information flows in ACOs to measure quality.

So, let's next move to slide 18. First scenario is, a patient's in the hospital, and they're being discharged to a skilled nursing facility—very common scenario, of course. And the hospital's electronic health record speaks consolidated CDA. They know how to make CCD documents, which is a type of consolidated CDA where they can make a discharge summary or a transfer summary—these are all different types of consolidated CDA documents. These are the PDFs that the hospitals use. And in those, they've got information about the patient's name, their contact information, their address, their insurance, their social history, immunizations, problems, vital signs, the functional status of patients, the physical exam, planned treatments and procedures. All of that stuff is standard and coded within the consolidated CDA document that the hospital can send to you.

And if your vendor takes advantage of the Data Element Library, they could take this information from the consolidated CDA and help you – help inform you on how to

populate 238 of your MDS questions. So, this would be very efficient for you—to be able to help you reuse that data and make it simpler for you to fill out the MDS.

Let's go to slide 19 and look at a scenario where a patient is going from a skilled nursing facility and going home. In that case, you'd be sending – you'd want to send information to the home health agency. And as a primary care physician, I'd hope you send information to me as well.

So, what you can do in order for my electronic health record, as the primary care physician, to recognize what you're sending me, you need to send me a consolidated CDA. And what would be wonderful is if you could reuse 238 of the data elements that you had in your last MDS.

Well, if your vendor uses the Data Element Library, they can translate that into data elements that can prepopulate the consolidated CDA. And that would be very helpful for me and also helpful for home health. Because home health, when they receive that from you, they can use that data to help them prepopulate and inform them to fill in 20 percent of their OASIS assessment form. Again, the health information technology vendor needs to be using the Data Element Library to make this possible.

Now in slide 20, we'll talk about the scenario where a patient is going – where a home health agency is reporting back to the primary care physician to let them know about the status of the patient. As a primary care physician, I do like to know what's happening with my patients and if they're improving with their functional status or if they're having more problems with their wounds.

And so, it turns out that much of that information is already in the OASIS. And so in fact, 64 percent of the OASIS questions could be reused using the Data Element Library to map them back to a consolidated CDA field that could be sent to me and recognized by my electronic health record. So, that would help me populate my problem list, my immunizations, my functional status. It'd be very helpful.

And that's something, you know, that, you know, is important. This is really – you're seeing where you can be part of the healthcare system, and reusing this data makes it efficient for you as a home health agency to populate these consolidated CDAs without having to fill out all this information from scratch.

Let's look at slide 21. You know, as ACOs and other pay-for-value programs are proliferating around the country, one of the most important things in these settings is to make sure that the programs are actually providing high-quality care. I know that a lot of people think that it's all about saving money, but that's not true at all; it's really providing the highest quality care for our patients. And so in order to know if your – an ACO is providing high-quality care, we need to have reporting. And the reporting comes

from all parts of the healthcare system. From the primary care physician, the hospitals, and from all of the post-acute care community that's taking care of these patients.

So, the Data Element Library could be used by your HIT vendor to help you reuse the data that you're already collecting. So for instance, 64 percent of the OASIS questions could be reused to populate these quality measures, and 30 percent – up to 30 percent of the MDS questions could be reused.

And so by doing that, that's saving you a ton of work. It doesn't completely eliminate the work, but it certainly makes it a lot easier for you to participate and create these consolidated CDAs. And that's what a lot of the ACOs around the country are doing, is they're recognizing that they want to pull in the information from all these different organizations in all these different settings, and that one of the easiest ways to do that is if they standardize on a single document type. And so, what I'm seeing more and more of is that people are saying send me a consolidated CDA document. And you send that to me, and we'll use that to populate our quality data warehouse. And so, they're expecting it to come from the physicians and from the hospitals because, by law, we're required to be able to generate those.

Now, you're not required by law to generate these out of your electronic health records in post-acute care, but you certainly would be loved by the ACO if you could do that. And you certainly would be able to be much more efficient if you were reusing the data you've already collected, and that's where the Data Element Library comes in—allows you to leverage the work that you've already done and prove that you can be part of the team.

You know, ACOs need to provide – prove that they're providing high-quality care, and they value what they can measure and they'll value you if you can help them in their measurements. Of course, the converse of that is that, if you can't produce this, they may be looking for another post-acute care provider who can.

So to summarize in slide 22, the content from the Data Element Library that CMS is creating enables you to be more efficient by allowing you to reuse data. It also empowers you to make other parts of the healthcare system more efficient.

By reusing data, you're also less likely to make mistakes. In other words, if you are transcribing something, copying from one screen to another or from paper to something in the field, you're more likely to make a mistake. Whereas if you can do some of this creating consolidated CDAs automatically, this was less likely to be – have a mistake, and the patients will get safer care.

By reusing data elements, you're able to improve care coordination, making it happen more efficiently and more timely. And it makes you more – a more desirable organization to send patients to and to participate in pay-for-value programs.

And with that, I'll pass it over – back to Michelle.

Resources

Michelle Brazil: Thank you, Larry. Hi, everyone.

We are on slide 23. We'd now like to highlight several helpful resources we hope our stakeholders will refer to. The first is the IMPACT Act located at the link provided in your slide deck. The second is the CMS IMPACT Act website where we list several helpful resources, a way that stakeholders can get engaged in the involvement with what we're doing here at CMS, as well as several links to upcoming activities that we will have stakeholders to be able to participate in. And then we also have a PAC Quality Initiative Help Desk. And we ask providers to please, if they have any questions that they would like CMS to answer, to please submit that question through our email box here.

On slide 24, we have several upcoming stakeholder engagement activities that we would like to inform you of today. The first is Open Door Forums that, I need to correct, under the skilled nursing facilities. We now have an upcoming ODF for the skilled nursing facilities on April the 28th. I believe the one on June 2nd will still occur, but we have one coming up that is sooner.

CMS sponsors regularly scheduled Open Door Forums providing an opportunity for live dialogue between CMS and the stakeholder community at large. These forums are intended for all stakeholders who interact with CMS or work with consumers to rely on services that CMS provides.

Our next Open Door Forums for the following settings are as follows: the long-term care hospitals on April the 19th; home health agencies on May the 4th; skilled nursing facilities, as I said, is now going to be April the 28th; and inpatient rehabilitation facilities on June the 7th. Interested stakeholders can find details on how to be notified when Open Door Forums are scheduled or when new information is posted to the website by subscribing to the Open Door Forum mailing list subscription under the Open Door Forum webpage at cms.gov.

Our second stakeholder engagement activity that is coming up is the Special Open Door Forum on May 12. CMS will host a Special Open Door Forum on May 12th from 2:00 pm to 3:00 pm eastern standard time. The purpose of this Special Open Door Forum call is to allow patients, families, patient advocacy groups, disabled groups, low-income health patients, and other interested parties to solicit information and provide valuable feedback to CMS on the introduction of the Improving Medicare Post-Acute Care Transformation Act, commonly known as the IMPACT Act.

And standardizing patient assessment instruments across post-acute care settings with skilled nursing facilities – excuse me, everyone – home health agencies, inpatient

rehabilitation facilities, and long-term care hospitals to improve quality of care and quality of life. Interested stakeholders can find details and registration information under the Special Open Door Forum webpage at cms.gov.

On slide 25, CMS will be hosting a 2-day inpatient rehabilitation facility training event May 18th and 19th in Dallas, Texas. This important training will be open to all inpatient rehabilitation facilities, providers, associations, and organizations. The focus of this train-the-trainer event will be to provide IRF with the assessment-based data collection instructions and updates associated with the changes in the October 1st, 2016, release of the IRF Patient Assessment Instrument, or IRF-PAI Version 1.4, and other reporting requirements of the IRF Quality Reporting Program. Interested stakeholders can find additional information regarding this important event under the IRF Quality Reporting Spotlights and Announcements webpage at cms.gov.

We will also be hosting on June 26th, CMS will be taking part in a complimentary pre-Summit session at the 2016 Long-Term and Post-Acute Care Health IT Summit to be held at the Hyatt Regency, Reston Town Center in Reston, Virginia, from June 26th to June 28th, 2016. CMS will offer information on the IMPACT Act and assessment data element standardization, quality measurement, and interoperability. Speakers will include CMS experts, a representative from the Office of the National Coordinator, and private sector experts knowledgeable about health IT, health information exchange, and assessment data elements. Registration for this event can be found on the link provided on your slide. Please note that registration should begin early because space is limited.

Lastly, and this is not on your slide, we would like to remind everyone that we have a National Provider Call about every 8 weeks. These calls are on topics surrounding the IMPACT Act. Interested stakeholders can find details and registration information under the National Provider Calls Events and webpage at cms.gov and also on the IMPACT Act webpage under Spotlights and Announcements.

So many of you submitted—and we're on slide 26 now—many of you submitted questions to CMS when you registered for today's event. I'm going to read a few of those questions now before we go into the live Q&A.

One of our callers submitted a question on how, specifically, will person-centered care be addressed.

The IMPACT Act requires to (1) standardize and (2) make interoperable certain PAC assessment data elements, which will support the exchange and reuse of data across PAC settings and other provider settings. The ability to exchange and reuse data enables providers to have a shared understanding of the individual and their health status, preferences, and goals. Having a common understanding of the individual, their health status, preferences, and goals is essential for person-centered care. We'd like to thank that caller for submitting that question.

Our second question—is it possible for home health agencies and skilled nursing facilities, etc., to gain access to how they are performing under the measures that will go into place in response to the IMPACT Act?

The IMPACT Act requires confidential feedback reports to providers on their performance with respect to the measures. When available, additional information regarding the content and availability of these confidential feedback reports will be provided through CMS communication channels, including postings and announcements on the cms.gov website, MLN news – eNews, communications, listserv announcements, National Provider Calls, and announcements on Open Door Forums and Special Open Door Forums.

I think we have time for one more question that was submitted before we go into our live Q&A. So, one of our participants asked, when will the final rules be published?

CMS announces the publication of all the proposed rules through press releases, blogs on medicare.gov, and other stakeholder notifications versus multiple listservs. So, if you're signed up for any of those above, you will receive notice when your applicable proposed rule is published.

Thank you, I will now turn it over to Leah.

Question-and-Answer Session

Leah Nguyen: Thank you, Michelle. Now, our subject matter experts will take your questions about the Data Element Library and listen to your feedback on the topics from slide 26.

Before we begin, I would like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open.

In an effort to get to as many participants as possible, we ask that you limit your question to just one. If you would like to ask a followup question or have more than one question, press star 1 to get back into the queue, and we'll address additional questions as time permits.

All right, Kalia, we are ready for our first caller.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question, so anything you say or

any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

Your first question comes from the line of Henry Boutros.

Henry Boutros: Do you envision that providers will submit data under rehospitalization?

Leah Nguyen: Hold on one moment.

Dr. Tara McMullen: Hi. Good afternoon, Henry. This is Tara McMullen from CMS. Are you referencing a certain quality measure that providers are to submit data on?

Henry Boutros: Well, you know what I was interested – since there's going to be a lot of information being submitted into the database, I'm wondering if it would be beneficial to all providers to get an understanding of the kinds of diagnoses, either the length of stay or certain information from the MDS, that can be retrieved in helping everyone to get a better understanding of the factors that may be involved in rehospitalization, just from a wider, you know, from a wider perspective.

Jennie Harvell: Jennie Harvell. And in terms of the library database … the library database does not include any personally identifiable information, just to be clear. It's a repository...

Henry Boutros: Yes.

Jennie Harvell: ... of data elements, for example, all the data elements that you see on your MDS form or all the data...

Henry Boutros: Right.

Jennie Harvell: ... that you see on the LCDS. And the library database will include mapping relationships to those data elements, for example, maps to health IT content codes, for example, ICD-10 codes in the case of...

Henry Boutros: Right.

Jennie Harvell: ... diagnoses or SNOMED codes or LOINC codes.

Henry Boutros: Right.

Jennie Harvell: So, that information in the repository, again, is to enable providers and vendors who wish to use or develop applications to support interoperable exchange to be able to do so.

Henry Boutros: So – we're not online – we're not live, correct? We're just talking privately?

Leah Nguyen: No, we're live.

Henry Boutros: OK, very good. So...

Leah Nguyen: If you want to submit additional information though, we do have an email address listed on slide 23.

Henry Boutros: Great, OK.

Michelle Brazil: So, if you'd like to follow up with us and submit your question, you can submit that to the PAC Quality Initiative email box.

Henry Boutros: Great. Thank you so much.

Jennie Harvell: Thank you.

Michelle Brazil: Thank you. That was a great question.

Operator: Your next question comes from the line of Andrew Baird.

Andrew Baird: Hi there, this is Andrew Baird from HealthSouth. I just wanted to say, first, thank you for taking the time to walk through some of these technical details about the structure of this – of the DEL.

My question is relatively simple, and it has to do with the way that provider or vendors will ultimately interact with DEL. And primarily my question really is, what is the sort of step-by-step process for them to set that interaction up? The value proposition that Dr. Garber preceded with was very helpful on understanding why it might be a good idea for providers and their vendors to get involved in this. And so my question is, is this something that has to affirmatively happen from the vendor side to come to CMS with the DEL, or is it going to be a sort of application that is ready for receiving, you know, affirmative requests from the vendor?

Jennie Harvell: And so – this is Jennie Harvell again. Thank you very much for that question. I think that's actually a very good question. And it gets to a point in both, I think, the CMS flow as well as the provider and vendors flow.

As I indicated in my presentation, CMS anticipates making available to the public reports of information from the library, including reports on the data elements and their mapped relationships to health IT standards. CMS has not yet decided the frequency of those types of reports. And so, I would encourage you actually to submit your question

again in writing to CMS. I think it's a very good question and one that we will need to think about going forward as the library continues to be and the library database continues to be developed.

Andrew Baird: OK...

Jennie Harvell: And in terms of – just following up on the second part of your question, CMS – or part of your question – CMS anticipates making those reports available in different formats—PDF, CSV, and Excel—that we think should be useful formats for either the provider and/or vendor to be able to integrate that information into different types of applications.

Andrew Baird: Great. So, I think maybe it might – the simpler version of my question is, is this something that providers and our associated vendors have to affirmatively come to CMS and say we would like to receive these reports, or is this something that's going to be out there and available for our receipt, I guess, on an ad hoc basis when we need them?

Jennie Harvell: More in the latter.

Andrew Baird: OK.

Jennie Harvell: CMS will post for the public. It is anticipated that CMS will post for the public these reports.

Andrew Baird: OK, great. Thank you very much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Ted Virgin. Ted, your line is open. That question has been withdrawn.

Your next question comes from the line of Tom Ferrone.

Tom Ferrone: Thanks for your time today. Just to follow up on the last question. When does CMS plan on making the first reports from the Data Element Library available?

(Unidentified male): Thanks for your question. Just following up on the last question. When does CMS plan on making the first reports from the Data Element Library publicly available?

Jennie Harvell: This is Jennie Harvell again. We've not yet established a date for publishing the first reports. Again, the library is being built. The library database is being built in phases. And we are entering data elements that are currently required for use,

and we'll be adding data elements from – going forward as new data elements are required. And we are in the process of linking currently required data elements to health IT standards, for example, LOINC codes. And as I mentioned, some of those codes are already available, and so we're very close, actually, I think, to populating the database with the currently available LOINC codes. And so, we've not yet established a precise timeline for publishing the first publicly available report from the library, but hopefully it won't be in the too-distant future. And I suspect there would be an announcement on the CMS PAC webpage.

Michelle Brazil: Definitely, definitely. We'll post something on our IMPACT Act webpage under Spotlights and Announcements when we have the official word.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Louis Galterio.

Louis Galterio: Yes, hi. Thank you for taking the call. I represent the SunCoast Regional Health Organization in Florida, and I would like to ask to state the out-of-the-scope of this or maybe you have a comment. But sometimes doctors that we work with need information from, say, a nursing home or a hospital where that patient has been in the chain or the episode of care. And I've seen hospitals not want to give them that information, or if they do they charge them a fee. And I've seen it on the other end where hospitals need information and physicians or providers either ignore it or they don't know it's there or they just – how do we make everybody play together? It's not a technology that you – what would be the enticement to make all the different players in the chain work together?

Dr. Larry Garber: Actually, this is Larry, am I allowed to take this call – this answer?

Leah Nguyen: Sure.

Larry Garber: As a provider, I can tell you what incentivized my organization. I work with a – predominantly a 500-provider multispecialty group practice, and I'm not owned by any hospitals and no hospitals own me. And we've been able to have very robust information exchanges with our local hospitals and our – and some of our nursing facilities. And the way we were incentivized to make this happen was because we're in pay-for-value contracts. So, we're, you know – as our payment shifted from more fee-for-service over to pay-for-value, we realized the importance of providing quality efficient care, and we recognized that this was the way for us to make this happen. And then we were able to convince the hospitals because they wanted our business. And for that matter, the same thing with the nursing facilities and home health agency in our area—they wanted us to be sending patients their way. And they knew that, because it was important to us, it was important to them. So, I do think that – over the next few

years as the payment systems are changing and evolving, I think you're going to see more and more willingness to do this.

Louis Galterio: Thank you.

Operator: Your next question comes from the line of Christy Childers.

Christy Childers: Yes. I am from an acute care facility. And currently upon discharge, we send a C-CDA on every patient to our state HIE. I'm wondering what our requirements are right now relevant to the IMPACT Act.

Jennie Harvell: Again, the IMPACT Act does not require – or extend requirements to acute care hospitals. The IMPACT Act focuses on post-acute care providers and focuses on provider requirements in terms of standardizing, using, and submitting standardized data elements to CMS. The IMPACT Act requirements related to interoperability is, in fact, a requirement for CMS to make data elements interoperable. And as stated earlier in the presentation, there is no requirement on the post-acute care provider to use the interoperable specifications.

Christy Childers: OK. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Mary Dalrymple.

Mary Dalrymple: Hi, thanks for taking my question. My question's about reuse of data. The interoperability is using assessment data and the programs behind the assessments themselves are very clear, in some cases, that you have to assess the patient in *x* number of days at your hospital, which would limit the ability to reuse data taken from another setting. So, I'm wondering if CMS is looking at changing those rules about reassessment and whether you can use data that's taken from the prior setting to fill out your assessment requirements.

Leah Nguyen: OK. Thank you for that comment.

Dr. Larry Garber: Well, this is Larry. While they're figuring out the CMS perspective, I can tell you that I was careful on my forums to say that it informs the – your use of completing these assessments. It doesn't necessarily – it's not that you're automatically going to populate your assessments with the data other than, you know, perhaps the demographic things that obviously don't change, but it will make it easier for you to populate them. A lot of the automation is really in the opposite direction where you're populating the consolidated CDA. There – you know, that translation using the Data Element Library could be automatic.

Mary Dalrymple: Thanks for that clarification.

Michelle Brazil: And, Mary, that was a very good question. This is Michelle. You can also submit your question to the pacqualityintiative@cms.hhs.gov.

Mary Dalrymple: OK, I'll do that. Thank you.

Michelle Brazil: Thank you.

Leah Nguyen: Thank you.

Operator: You next question comes from the line of Ricardo Morales. Ricardo, your line is open. And that question has been withdrawn.

Your next question comes from the line of Kathy Michael.

Kathy Michael: Hi, thanks for taking my call. In your presentation, you had examples in relation to – of the C-CDA going from the hospital or whatever to the MDS form. Do you do the same thing with that going to the OASIS for home care? Or is that a future thought, or is it just going to the MDS at this point?

Dr. Larry Garber: You know, great question. This is Larry. The – that was – I just used these as example use cases, but the mappings that are being done in the Data Element Library are between all of the assessment tools and the consolidated CDA. So just as the hospital in the example sent a patient to the skilled nursing facility to help with populating the MDS, the same thing absolutely could be done for patients that are going straight to home to help them populate the OASIS or for patients going to inpatient rehab to help them populate their IRF-PAI.

Kathy Michael: Perfect. Thank you so much.

Dr. Larry Garber: Thank you.

Operator: Your next question comes from the line of Martha Tecca.

Martha Tecca: Hi there. My question is about the Data Element Library itself as opposed to the reporting of that. Do you – are you going to make available the definitions and the mapping that you're talking about sometime substantially in advance of when reports come out? So, the data element definitions and the mapping across the different tools and categories?

Jennie Harvell: Thank you for that question. We hadn't really anticipated that or thought about that. I think it's a really good question. So, I think we'll it take under advisement.

And again, if you want to submit that in writing, so we can keep track of it, that would be very helpful.

Martha Tecca: OK, thank you.

Jennie Harvell: Thank you.

Leah Nguyen: Thank you. And, Kalia, it looks like – Kalia, it looks like we have time for one final question.

Operator: And that question will come from the line of Chris Attaya.

Chris Attaya: Yes, hi. Good afternoon. I'm from a company called Strategic Health Programs, and we deal a lot with data. And I'm trying to look at the practical application of all this great data that would be able to be reused across the different settings.

So, as the data comes out of a hospital from the C-CDA and goes into the MDS or OASIS, how is it that the vendor will then be able to grab that data? You know, can you give us a practical sense of, you know, how it might be coded such that we knew what patients we were looking at so we could get the appropriate data elements?

Jennie Harvell: So, this is Jennie. I'll start, and then I'm sure Larry has some comments as well. So where – the library and the opportunities for data element reuse assume the exchange of information using nationally accepted standards.

So in your example, where a hospital sends a transfer document—a CCD—to a nursing home, that CCD would include standardized content, for example, you know, the patient's conditions, their diagnoses. That information, when received by the nursing homes, health IT applications created by the vendor could look at the CCD and extract the diagnoses lists, and that information could be considered when the nurse coordinator is completing the MDS Section I. The application used in the nursing home could help inform the nurse coordinator as they are completing that particular section on the MDS. Larry, I don't know if you wanted to add anything to that.

Dr. Larry Garber: No, I think that was absolutely a great example. And the fact is that this way you'd know that you would be expecting to be receiving an ICD-10 code for those diagnoses so that the vendor would be prepared to handle that in a very standard way. And so that's – that is some of the kinds of examples.

The same thing as you get into immunizations—there'd be – there's standard coding for immunizations that could be, you know, received from the hospital saying that they just gave the patient a flu shot and a Pneumovax shot, a pneumococcal vaccination, and that would help inform the appropriate fields in the MDS as well.

Leah Nguyen: Thank you.

Chris Attaya: So in that example, Larry, the data is actually being sent directly from the hospital to the nursing home or the home health agency in that – as you've described it.

Dr. Larry Garber: In the form of a consolidated CDA document such as – a consolidated CDA is actually a list of, you know, almost a dozen different document types …

Chris Attaya: Yes.

Dr. Larry Garber: …one of them being a discharge summary, another one being a CCD. Those are the ones that the hospitals send us – seem to send the most. And so, encoded in those documents are the actual coded values for those vaccines using the standard CXP codes for the immunizations or ICD-10 codes for the problems. So, the consolidated CDAs are nice in that there's a human-readable part, just like a PDF, but there's also coded information embedded in there so computers can extract that out.

Chris Attaya: Great, thank you very much.

Leah Nguyen: Thank you.

Dr. Larry Garber: Thank you.

Additional Information

Leah Nguyen: Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address listed on slide 23 of the presentation. An audio recording and written transcript of today's call will be posted on the MLN Connects Call website. You will – we will release an announcement in the MLN Connects Provider eNews when these are available.

On slide 29 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. Again, my name Leah Nguyen. I would like to thank our presenters and also thank you for participating in today's MLN Connects Call on the IMPACT Act. Have a great day, everyone.

Operator: This concludes today's call. Presenters, please hold.

-END-


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