



**MLN Connects<sup>®</sup>**

*National Provider Call*

# **The IMPACT Act and the Data Element Library**

Jennie Harvell, CMS/CCSQ/DCPAC

Larry Garber, MD, Reliant Medical Group



# Disclaimer

---

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Agenda

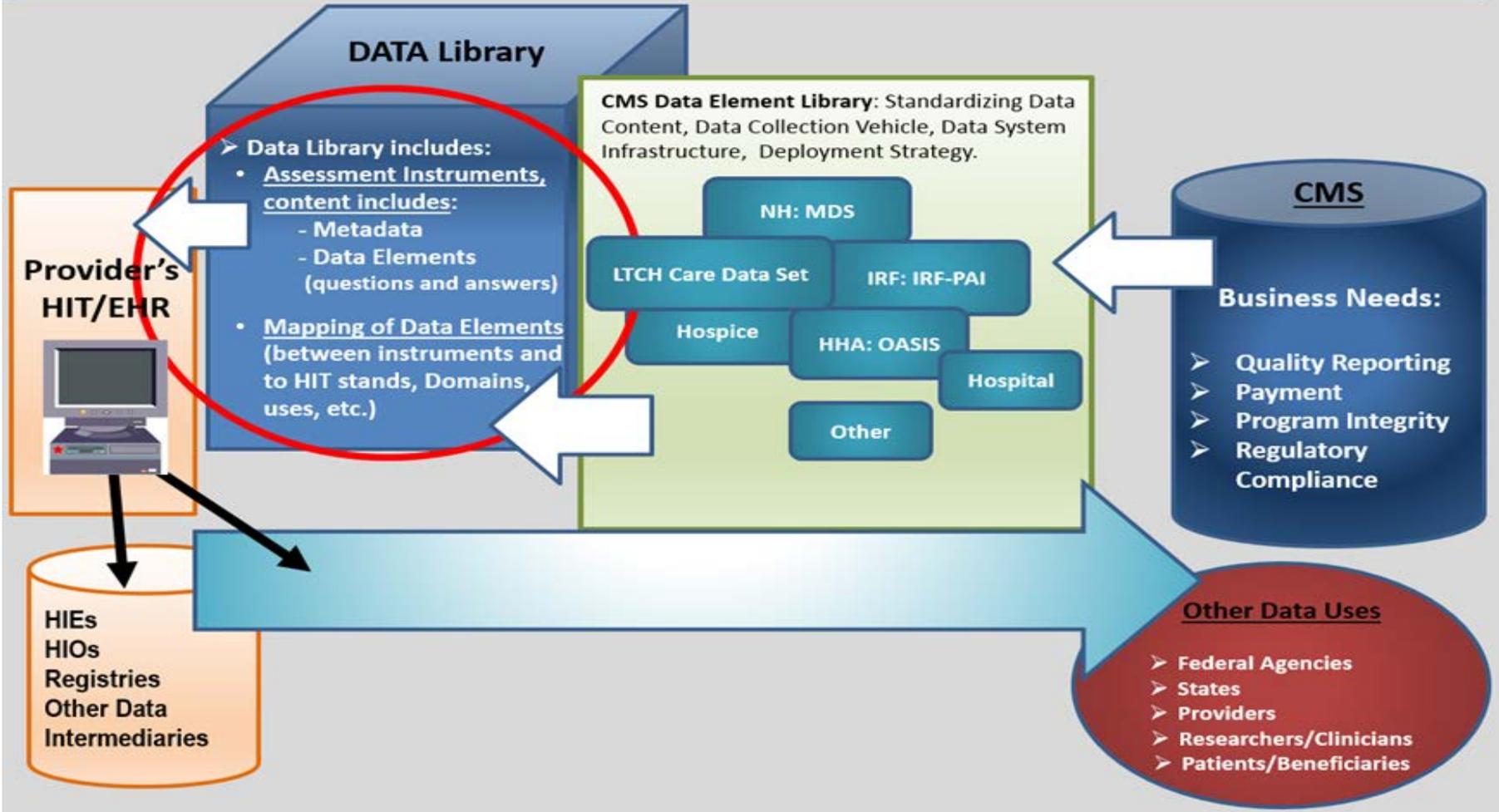
---

- Overview of the Data Element Library (DEL) and its purpose
- Overview of the content in the Library database
- Overview of the type of Library content that could be made available to providers, health IT (HIT) vendors, and other stakeholders
- Value of using the Data Element Library
- Updates on upcoming stakeholder engagement activities
- Question and Answer/Discussion

# CMS Data Element Library (DEL)

## Standardization and Interoperability

Standardized, Interoperable, Reusable EHR Data: Supports CMS and Multiple Other Users' Needs



# CMS Data Element Library

## Content from the CMS Data Element Library (DEL) database will assist:

- CMS in managing the standardization of PAC assessment data elements and identification of HIT standards for these data elements
- PAC and other providers in accessing content to support interoperable health information exchange (HIE) and the adoption of interoperable HIT products
- HIT vendors in accessing content to support the development of interoperable HIT and HIE solutions for PAC and other providers

# Standardized Data Elements

- The IMPACT Act requires the submission of *standardized* assessment data by:
  - Long-Term Care Hospitals (LTCHs): LCDS
  - Skilled Nursing Facilities (SNFs): MDS
  - Home Health Agencies (HHAs): OASIS
  - Inpatient Rehabilitation Facilities (IRFs): IRF-PAI
- The Act requires that CMS make *interoperable* standardized patient assessment and quality measures data to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes.

# IMPACT Act Requires that Data Elements be Standardized for Certain Quality Measure Domains and Assessment Categories

## IMPACT Act Quality Measure Domains

- (A) Functional status, cognitive function, and changes in function and cognitive function.
- (B) Skin integrity and changes in skin integrity.
- (C) Medication reconciliation.
- (D) Incidence of major falls.
- (E) Accurately communicating the existence of and providing for the transfer of health information and care preferences of an individual

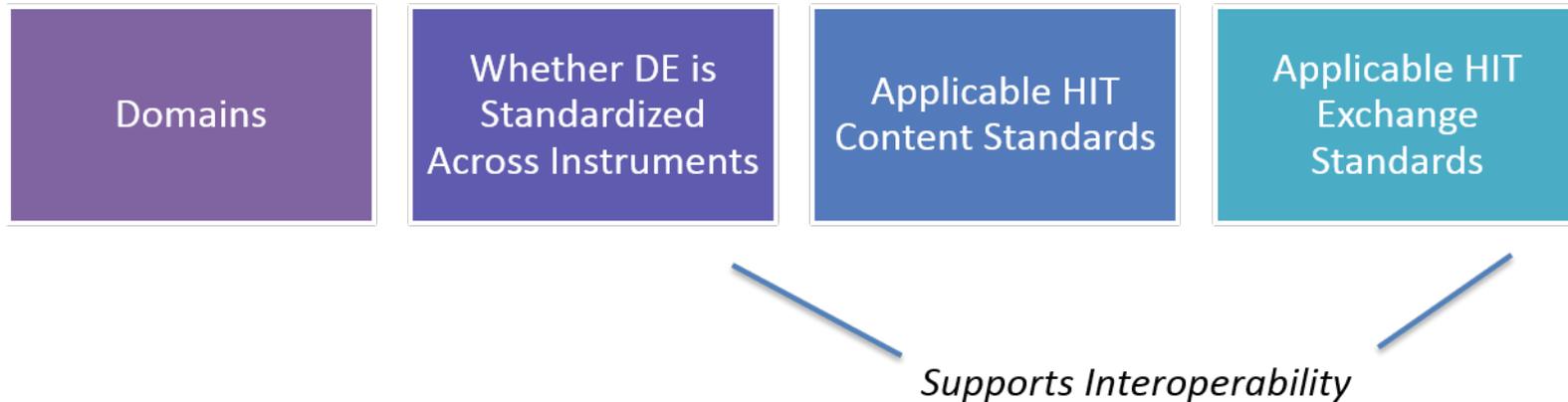
## IMPACT Act Assessment Categories

- (i) Functional status, such as mobility and self care at admission to a PAC provider and before discharge from a PAC provider.
- (ii) Cognitive function, such as ability to express ideas and to understand, and mental status, such as depression and dementia.
- (iii) Special services, treatments, and interventions, such as need for ventilator use, dialysis, chemotherapy, central line placement, and total parenteral nutrition.
- (iv) Medical conditions and co-morbidities, such as diabetes, congestive heart failure, and pressure ulcers.
- (v) Impairments, such as incontinence and an impaired ability to hear, see, or swallow.
- (vi) Other categories

# The Data Element Library Database

The Data Element Library (DEL) database is in the process of being loaded and will include:

- PAC assessment data elements and mapped relationships including:



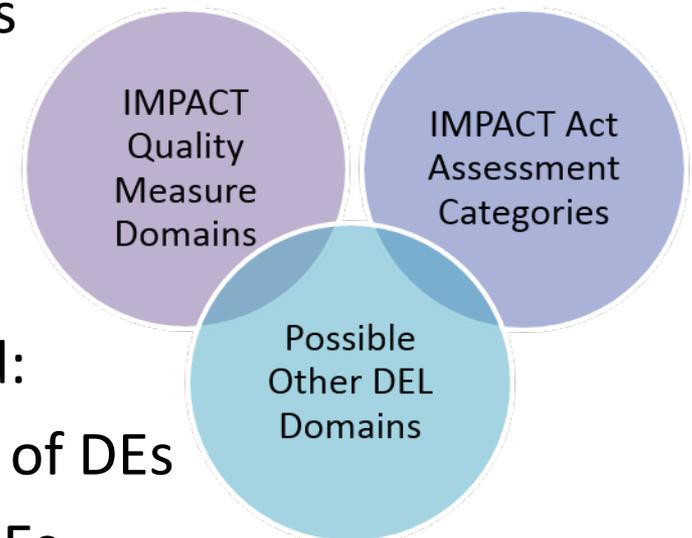
Content to the Data Element Library database will be updated over time as new and modified standardized data elements, new assessment instrument versions, and new and updated HIT mappings are added.

# Categorization of Data Elements by Domains

DEL Domains will support searching and comparing of DEs within and across instruments, and by categories.

The IMPACT Act Domains will be identified in the DEL database for each data element that falls within the scope of the IMPACT Act.

- IMPACT Act Quality Measure Domains
- IMPACT Act Assessment Categories



**Assessment Library Domain categories:**

- Possible Other Library Domains could:
  - Allow for more granular clustering of DEs
  - Enhance the ability to search for DEs

# Possible Other DEL Domains

## Possible, more granular domains that could be included in the DEL Database include:

- **Administrative Information:** Admission, discharge, demographics, assessment information, payor information, provider information, physician contact information
- **Functional Status:** bathing, eating, dressing, toileting, grooming, locomotion, mobility, transferring, etc.; IADLs
- **Continence and Elimination:** Bowel continence, Urinary Continence, Elimination Appliances, Toileting Program Status, etc.
- **Falls:** Falls Incidence, Falls Risk, Falls Prevention, Emergent Care Falls
- **Speech and Hearing:** Hearing Status, Speech Status
- **Advance Directive Information**
- **Medication: Management, Reconciliation**
- **Cognitive Function:** Alzheimer's Disease, Anxiety Disorder, Behavioral Status, Bipolar Disorder, Cognitive Status, Dementia, etc.
- **Medical Conditions:** Diagnoses, Co-Morbid ICD10 Diagnosis, Dental Status, Emergent Care, Pain Assessment and Management, Urinary Tract Infection Diagnosis
- **Skin Integrity:** Pressure Ulcer, Skin Treatment, Other Skin Conditions
- **Special Services and Treatment:** Cancer Treatment, Diabetic Foot Care, Home Therapy, Occupational Therapy, Physical Therapy, Respiratory Treatment, Special Treatment Ventilator, Speech-Language/Audiology Therapy, etc.

# Data Elements Mapped to Health IT Standards

Mapping data elements to Health IT Standards will enable interoperability.

**Interoperability:** Ability of a *system* to **exchange** electronic health information with and **use** electronic health *information from other systems* without special effort on the part of the user.

- *Individuals, their families and health care providers* should be able to *send, receive, find and use* electronic health information in a manner that is appropriate, secure, timely and reliable to support the health and wellness of individuals through informed, shared decision-making.
- Electronic exchange and re-use of information means that “individuals, their families and their health care providers have appropriate access to health information that:
  - Allows individuals and caregivers to be active partners and participants in their health and care, and
  - Improves the overall health of the nation’s population.”

\*From ONC’s Connecting Health and Care for the Nation, 10 Year Vision to Achieve and Interoperable Health IT Infrastructure; A Shared Nationwide Interoperability Roadmap Final Version 1.0.

# Opportunities to Exchange and Re-Use Standardized and Interoperable Assessment Data Elements

- Leveraging and mapping PAC assessment data elements to nationally accepted Health IT standards (i.e., content and exchange standards) enables a shared understanding of content across the care continuum and will support:

## **Information exchange and re-use with and by:**

- Acute care hospitals
- Primary care providers
- Long-term and post-acute care providers
- Home and community based providers (HCBS)
- Other providers
- Health Information Exchange Organizations
- Public Health Organizations

## **Use and re-use of assessment data for a variety of clinical purposes including:**

- Creating documents that can be shared across and used within provider settings. For example:
  - Transfer documents
  - Referral documents
  - Care plans
  - LTPAC Assessment Summary Documents
- Re-using content at the point of care, for example:
  - Establishing goals by re-using information received upon admission
  - Sending messages to the attending physician regarding changes in the individual's status
- Development of clinical decision support tools

# Reports from the Data Element Library

- **Pre-defined public reports may include:**
  - Inventory of questions and responses in an assessment instrument
  - Standardized data elements in more than one assessment instrument
  - Assessment data elements mapped to:
    - Domains
    - National HIT standards such as:
      - Content standards: LOINC, SNOMED, ICD10
      - Exchange standards: Consolidated-Clinical Document Architecture (C-CDA) includes document standards such as: transfer, referral, care plans, and other document types
- **Reports could be created in the following formats:**
  - PDF
  - CSV
  - Excel

# The Value of Using the Data Element Library

---

Larry Garber, MD, Medical Director for Informatics  
Reliant Medical Group

# What's In It For Me – the Clinician?

- You represent a nursing facility, inpatient rehab facility, long-term care hospital, or home health agency
- You are overworked and understaffed
- CMS is mapping your patient assessment tool's standardized data elements to other tools (MDS, IRF-PAI, LCDS, OASIS) and the Consolidated CDA (C-CDA) documents in a Data Element Library (DEL)
- No one is forcing you or paying you to use the DEL
- So, why should you and/or your EHR vendor use it?

# Because You're Not Alone in Healthcare

- **You receive patients from other parts of the healthcare system**
  - They will be sending you clinical data in a C-CDA that you could use to pre-populate your assessment tool and EHR
  - The clinical data will NOT be in your assessment tool's format
  - *Your vendor could use the DEL to map it for re-use in your tool*
- **You send patients to other parts of the healthcare system**
  - Recipient will like you more if you send them C-CDA data that they can re-use, but their EHR won't understand your tool's data format (MDS, IRF-PAI, LCDS, OASIS)
  - *Your vendor could use the DEL to map it for re-use by their EHR*
- **You have to be a team player to be in a value-based care program (e.g. ACO, bundled payments, etc.)**

# Potential Future Use Cases

---

- Hospital to SNF
- SNF to Home Health
- Home Health to PCP
- PAC to ACO

# Example: Hospital to SNF

- **Hospital sends C-CDA document with:**
  - Patient Demographics
  - Social History
  - Immunizations
  - Problems
  - Vital Signs
  - Functional Status
  - Physical Exam
  - Planned Procedures/Treatments
- **SNF uses Data Element Library to inform MDS responses:**
  - *As many as 238 MDS questions could be answered by data in C-CDA*

# Example: SNF to Home Health

- With support from your HIT vendor and product, the SNF re-uses as many as 238 data elements from the last MDS that are mapped to standards from Data Element Library database to create the C-CDA document (e.g., a transfer summary or discharge summary) and sends it to Home Health and PCP
- Home Health receives the C-CDA and uses Data Element Library map to inform 20% of their OASIS assessment data elements (again, using an HIT product that supports this mapping)

# Example: Home Health to PCP

- **Home Health reuses up to 64% of OASIS questions and the Data Element Library map to create a C-CDA document to update PCP on:**
  - Problems
  - Risks
  - Immunizations
  - Pain
  - Functional Status
  - Skin Integrity
  - Cognitive Status
- **PCP uses C-CDA to update their EHR's Problem List, Immunizations, Functional Status, etc.**

# Example: PAC to ACO

- **Data Element Library map used to create C-CDA documents to update ACO on quality measures**
  - Home Health reuses up to *64% of OASIS* questions
  - SNF reuses up to *30% of MDS* questions
- **ACO uses C-CDA to update their Quality Measures**
- **ACO is happy with the PAC providers that can provide C-CDA documents, and *stop using those that can't***
  - ACOs must prove that they are providing high quality care
  - ACOs value what they can measure

# Summary

---

## **Content from the Data Element Library**

- Enables you to be more efficient by reusing data
- Empowers you to make other parts of the healthcare system more efficient
- By reusing data, you're less likely to make mistakes so your patients get safer care
- By reusing data elements you are able to improve care coordination
- Makes you a more desirable organization to send patients to and participate in pay-for-value programs

# General Resources

- IMPACT Act: [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act of 2014](#)
- CMS IMPACT ACT Website:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html>
- Comments can be submitted to:  
[PACQualityInitiative@cms.hhs.gov](mailto:PACQualityInitiative@cms.hhs.gov)

# Upcoming Stakeholder Engagement Activities

- Open Door Forums
  - Long Term Care Hospitals - April 19
  - Home Health Agencies- May 4
  - Skilled Nursing Facilities- June 2
  - Inpatient Rehabilitation Facilities- June 7
- Special Open Door Forum- May 12
- CMS Open Door Forum Website:  
<https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html>

# Upcoming Stakeholder Engagement Activities

- Inpatient Rehabilitation Facility (IRF) QRP (Quality Reporting Program) Training for Providers - May 18-19
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/>
- 2016 Long Term & Post Acute Care (LTPAC) Health IT Summit – June 26-28
  - Pre-summit session on the IMPACT Act
  - <http://www.ahima.org/events/2016june-ltpac>

# Question and Answer Session

---

- In terms of the more granular Domains that could be included in the DEL Database (refer to slide 10):
  - What Domains would providers and vendors find useful and for what purposes?
  - Are additional Domains needed?
- What information from the Data Element Library database would providers and vendors like to have in reports, and why?
- Other questions?

# Acronyms in this Presentation

---

- ACOs: Accountable Care Organizations
- AMA: American Medical Association
- C-CDA: Consolidated Clinical Document Architecture
- CMS: Centers for Medicaid and Medicaid Services
- CPT: Current Procedural Terminology
- DEL: Data Element Library
- DE: Data Element
- EHRs: Electronic Health Records
- HHA: Home Health Agency
- HIT: Health Information Technology
- HIE: Health Information Exchange
- HIOs: Health Information Exchange Organizations
- IADL: Instrumental Activities of Daily Living
- ICD: International Classification of Diseases
- IMPACT Act: Improving Medicare Post-Acute Care Transformation Act
- IRF: Inpatient Rehabilitation Facilities

# Acronyms in this Presentation

- IRF-PAI: Inpatient Rehabilitation Facility – Patient Assessment Instrument
- LCDS: LTCH Continuity Assessment Record and Evaluation (CARE) Data Set
- LOINC: Logical Observation Identifiers Names and Codes
- LTCH: Long-Term Care Hospital
- MDS: Minimum Data Set
- NHs: Nursing Homes
- OASIS: Outcome and Assessment Information Set
- ONC: Office of the National Coordinator for Health IT
- PAC: Post-Acute Care
- PCPs: Primary Care Providers
- SNF: Skilled Nursing Facilities
- SNOMED: Systematized Nomenclature of Medicine

# Evaluate Your Experience

---

- Please help us continue to improve the MLN Connects<sup>®</sup> National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

# Thank You

- For more information about the MLN Connects<sup>®</sup> National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
- For more information about the Medicare Learning Network<sup>®</sup>, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.

The Medicare Learning Network<sup>®</sup> and MLN Connects<sup>®</sup> are registered trademarks of the Centers for Medicare & Medicaid Services.