IMPACT Act Standardized Patient Assessment Data Elements: Frequently Asked Questions

CMS has contracted with the RAND Corporation to develop standardized assessment-based data elements to meet the requirements set forth under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). Frequently Asked Questions about the Standardized Patient Assessment Data Element (SPADE) work are answered below. If you have additional questions about this work, please contact PACQualityInitiative@cms.hhs.gov.

Vision and Goals of Standardization in Post-Acute Care

What are the goals of data element standardization across PAC settings?

The goals of implementing cross-setting standardized patient assessment data elements are to facilitate care coordination, interoperability, and improve outcomes of Medicare beneficiaries and other patients receiving post-acute care. Existing PAC assessment instruments (i.e., Outcome and Assessment Information Set (OASIS) for HHAs, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) for IRFs, LTCH CARE Data Set (LCDS) for LTCHs, and the Minimum Data Set (MDS) for SNFs) often collect data items pertaining to similar concepts, but the individual data elements -- questions and response options -- vary by assessment instrument. With a few exceptions, the data elements collected in these assessment instruments are not currently standardized or interoperable, therefore, patient responses across the assessment instruments cannot be compared easily.

Implementation of a core set of SPADEs across PAC settings has important implications for Medicare beneficiaries and other patients receiving post-acute care, families, providers, and policymakers. At the patient/resident level, standardized data elements may ensure the collection of high quality, reliable information that will aid in improving person-centered outcomes and goals, guide the choice of PAC providers, and improve care coordination. The SPADEs may accompany people as they traverse care settings, fostering seamless transitions, and support care transitions through meaningful, clinically relevant information that is understood by all. At the provider level, the SPADEs may promote data exchangeability, thus enhancing efficiency through data sharing. Data that are reusable, informative, interoperable, and communicate the same information across care settings may support providers in making discharge placements from acute care and improve transitions to PAC settings.

How will CMS use the standardized patient assessment data elements?

By collecting common data elements across the four PAC provider types, the SPADEs will make it possible to measure and compare quality, outcomes, patient acuity, and resource use consistently across PAC settings and longitudinally, guiding policies and PAC payment reform based on patient/resident populations. The SPADEs align with the aims of CMS' Meaningful Measures initiative, specifically by promoting effective communication and coordination of care both between different PAC providers, and between a patient's caregiver and other members of the medical staff. This process also makes care safer by reducing harm caused in the delivery of care through improving patient tracking and selecting measures proven to be clinically useful. When adopted, the SPADEs will streamline the assessment paperwork required of PAC providers into one assessment, thereby also supporting the goals of Patients Over Paperwork. The SPADEs testing process has insured patient satisfaction with the measures, decreased the hours and dollars spent on administering assessments, and made the assessment collection process more efficient via electronic data collection on tablets.

Implementation of SPADEs

How will CMS select the SPADEs?

CMS will weigh many different factors when considering data elements for standardization. The SPADEs must first meet the requirements of the IMPACT Act of 2014, which specifically identifies five categories that require reporting of standardized patient assessment data: (1) Functional status, (2) Cognitive function and mental status, (3) Special services, treatments, and interventions, (4) Medical conditions and co-morbidities, (5) Impairments, and (6) Other categories deemed necessary and appropriate. Candidate data elements will also be evaluated with regard to their ability to serve multiple purposes, including being clinically useful, relevant to the overall PAC population, having potential to improve quality of care, being feasible, reliable, and valid, and being compatible with existing clinical workflow (e.g., posing minimal burden).

Candidate data elements for standardization are being evaluated through a large variety of activities including environmental scan and literature review; input from a variety of stakeholders, including PAC providers, clinical experts and patient advocates through focus groups, Technical Expert Panels, stakeholder interviews, and sub regulatory public comment periods; and Testing through Alpha 1 and Alpha 2 feasibility tests, and National Beta testing.

Will the SPADEs be clinically useful in each of the PAC settings?

The standardized items are developed within five clinical categories: 1) Functional status, such as mobility and self-care, 2) Cognitive function and mental status, 3) Special services, treatments, and interventions (e.g., need for ventilator, dialysis, chemotherapy, and total

parenteral nutrition), 4) Medical conditions and comorbidities (e.g., diabetes, heart failure, and pressure ulcers), 5) Impairments (e.g., incontinence and impaired ability to hear, see, or swallow).

Within these categories, RAND chose data elements to be tested that meet the requirements of the IMPACT Act and might support clinical decision making, care coordination, cost reduction, and improved patient/resident and family experiences.

Where can I find past reports on the focus groups, TEP meetings, special open door forums (SODFs),and sub-regulatory Public Comment periods that were held to gather stakeholder and expert input on the selection of the SPADEs?

CMS hosts a library of IMPACT Act related documents on their webpage, including links to notes from Special Open Door Forums, TEP meetings and summaries, and summaries of Public Comments.[1] Below are the direct links to some of the most recent and relevant documents:

SODFs

- Sept 28, 2017 Special Open Door Forum located on the IMPACT Act Downloads page
- Dec 12, 2017 Special Open Door Forum located on the IMPACT Act Downloads page
- March 28, 2018 Special Open Door Forum located on the IMPACT Act Downloads page
- July 25, 2018 Special Open Door Forum located on the IMPACT Act Downloads page

TEPs

- TEP Summary Report located on the IMPACT Act Downloads page
- TEP 2 Summary Report on the IMPACT Act Downloads page

Testing Reports

- Alpha 1 SPADE Pilot Summary Document located on the IMPACT Act Downloads page
- Alpha 2 SPADE Pilot Summary Document located on the IMPACT Act Downloads page

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[1] https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-Downloads-and-Videos.html

Blueprint Public Comment Periods

- Public Comment Summary Report 1 located on the Measures Management System Updates to Closed Comment Periods page and on the IMPACT Act Downloads page.
- Public Comment Summary Report 2 on the IMPACT Act Downloads page

How will PAC providers be expected to collect and report the SPADEs?

The SPADEs will be collected using the patient/resident assessment instruments that CMS already requires for use by PAC providers: the OASIS for HHAs, the IRF-PAI for IRFs, the LCDS for LTCHs, and the MDS for SNFs. The specific data elements that will be proposed as SPADEs may already exist in these assessments. In other cases, the SPADE would be integrated into future versions of the patient/resident assessment instrument. The SPADEs would be submitted to CMS on the same data submission schedules as the assessment instrument in which they are housed.

At what points in time will the proposed SPADEs be collected: at admission, discharge, or at both admission and discharge?

The IMPACT Act states "The Secretary [of Health and Human Services] shall require such data be submitted with respect to admission and discharge of an individual (and may be submitted more frequently as the Secretary deems appropriate)."[2] Dependent on the item, the SPADEs will be collected at admission and discharge.

How will the SPADEs promote interoperability?

The SPADEs will be a common set of assessment items that will be nested within the patient/resident assessment item set of the four PAC provider types. The use of identical data elements will facilitate sharing and promote use of these data across settings. All candidate SPADEs are currently included in CMS' Data Element Library (DEL), [description of DEL]. The availability of standards and coding information through the DEL further supports the ability of PAC providers to develop the necessary EHR capacity to support data following the patient across settings of care.

National Field Test ("Beta Testing")

What is the National Field Test?

RAND and CMS are conducting a national Beta test to evaluate candidate SPADEs. This field test began in Fall 2017 and will conclude in early summer of 2018. The goals of the Beta

[2] https://www.congress.gov/bill/113th-congress/house-bill/4994/text

test are to document the reliability, validity, and ease of use of candidate data elements in the four PAC settings. Assessment protocols being used in the National Beta Test are available as a download on the IMPACT Act SPADEs page.

When will the results of the national test be available? What will the national test tell us?

Data collection for the national field test will conclude in late summer 2018. The full report of the results will span several volumes and will be available to the public in Fall 2019 (est.).

Will reliability and validity be estimated from the results of the national test?

Yes. RAND will calculate inter-rater reliability for items tested in Beta, and assess response patterns across PAC settings and patient types. This information, taken together with other analyses, will provide information about the strength and suitability of data elements for the purposes of cross-setting standardization.

How can I provide input on the testing of the SPADEs?

Questions or other feedback on the testing of the SPADEs can be send to PACQualityInitiative@cms.hhs.gov.

Other questions

Where and in how many markets did you collect data for National Testing?

The National Beta test was conducted in 14 markets across the country, grouped into West, Central, and East Regions. In the West Region, PAC providers were recruited in Los Angeles, San Diego, Phoenix, Dallas, and Houston. The Central Region was comprised of PAC providers in Kansas City, St. Louis, Nashville, and Chicago. The East Region included Boston, Philadelphia, Harrisburg, Durham, and Fort Lauderdale. Potential markets needed to be of a certain size to allow for adequate recruitment of PAC providers. These final 14 markets were randomly selected, and serve to provide a broad and varied picture of PAC facilities and agencies the United States.

From whom did you collect data for National Testing?

Data was collected at individual PAC facilities – or, for home health patients, in the patients' homes -- with Medicare patients who agreed to participate in the study. Patients or residents were asked to participate using a form that explained the project and its purpose, and were free to decline or stop participation at any time. Non-communicative patients were recruited through their family member or other person in charge of their care.

Will you start looking at specialty populations, like pediatric populations and low-English proficiency populations?

At this time, the SPADEs being developed focus on adult populations. CMS acknowledges that pediatric populations are an important consumer group for post-acute care services, and we plan to explore standardization for pediatric patients in future work.

Item testing is being conducted in English only. However, assessment instruments are translated into and administered in languages other than English. SPADEs would therefore be applicable to all patients/residents who receive the assessment of the given post-acute care setting.

Will we have an opportunity to comment on a final item set?

The SPADEs will be proposed in Spring 2019 in the Notice of Proposed Rulemaking. The public will have 60 days to provide comments on the proposed items.

Will these new items be included in current assessment instruments, or will they be added to a new instrument?

The SPADEs will be included with the current assessment instruments: the OASIS for HHAs, the IRF-PAI for IRFs, the LCDS for LTCHs, and the MDS for SNFs.