



Task 4C: Technical Expert Panel Report Continuity Assessment Record & Evaluation

SOD #18

**Electronic Specification of Clinical Quality Measures & Support
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Meeting Date and Panel Composition

The Continuity Assessment Record and Evaluation (CARE) Technical Expert Panel (TEP) met May 21, 2012, 1:30 PM – 5:30 PM EST in a web seminar hosted by Lantana.

Twelve TEP members participated:

Dana Alexander, RN, MSN, MBA, FHIMSS, FAAN—VP and Chief Nursing Officer, GE Healthcare, Monument, CO

Maria Arellano, RN, MS—Nurse Informatics Specialist/Clinical Software Designer, American Health Tech, Broomfield, CO

Dan Cobb—Chief Technology Officer, HealthMEDX, Ozark, MO

Beth DeLaHunt, RN, BAN, CPEHR, CPHIT—Clinical Product Marketing Manager, MDI Achieve, Eden Prairie, MN

Larry Garber, MD—Reliant Medical Group (formerly known as Fallon Clinic), Worcester, MA

Yvonne Grant, PharmD, CGP—Pharmacist Care Manager, Kaiser Permanente, Panorama City, CA

Robert Jenders, MD, MS, FACP, FACMI—Staff Scientist, National Library of Medicine/National Institutes of Health and Georgetown University, Bethesda, MD

Norma Lang, RN, PhD, FAAN, FRCN—Howe Endowed Chair for Healthcare Transformation, University of Wisconsin-Milwaukee College of Nursing and Aurora Health Care, Cedarburg, WI

Maria Moen—Healthcare Applications Director, Brookdale Senior Living, Brentwood, TN

Terrence O'Malley, MD—Internist-Geriatrician, Partners Healthcare System, Inc., Boston, MA

William M. Russell, MD—Independent Consultant

John Sheridan—CEO, eHealth Data Solutions, Cleveland Heights, OH

eQuality CARE team members and partners attending the meeting included:

Bob Dolin—Lantana Consulting Group

Gaye Dolin—Lantana Consulting Group, Standards Development Organization Liaison

Rick Geimer—Lantana Consulting Group

Zabrina Gonzaga—Lantana Consulting Group, CARE Clinical Document Architecture (CDA) Designer

Jennie Harvell—Federal Listening Partner, Assistant Secretary for Planning and Evaluation, HHS

Jingdong Li—Lantana Consulting Group

Cyndie Lundberg—Lantana Consulting Group

Brett Marquard—Lantana Consulting Group, Task Lead

Don Mon—Center for the Advancement of Health Information Technology, RTI International

Madhu Shrestha—RTI International

Judith Tobin—Center for Clinical Standards & Quality, CMS

Purpose and Objectives

The CARE TEP gathered for its first meeting in January 2012. At that time, it reviewed the proposed e-specifications for CARE and provided information to the eQuality CARE team about how CARE data elements could fit into an electronic health record (EHR).

The CARE TEP reconvened in May to:

- Review CARE updates to the Implementation Guide (IG) for CDA Release 2.0: Consolidated CDA Templates (US Realm) Draft Standard for Trial Use (DSTU)
- Provide input on the logical transition steps to using CARE as a universal assessment tool
- Develop recommendations for the role of post-acute care in Meaningful Use Stage 3

CARE Standards Development

The Lantana Consulting Group presented an update of CARE progress including industry outreach efforts and the project's Health Level Seven (HL7) ballot strategy.

Industry Outreach

The eQuality CARE team is engaged in discussions with both HL7 and the Patient Assessment Summary Sub Work Group (PAS SWG). The PAS SWG is part of the Office of the National Coordinator (ONC) Standards and Interoperability (S&I) Framework.

Health Level Seven (HL7)

Within HL7, the Structured Documents Work Group (SDWG) is responsible for the Clinical Document Architecture (CDA) standard. Members of the eQuality CARE team submitted a ballot to SDWG with updates to the IG for CDA Release 2.0: Consolidated CDA Templates (US Realm) which contained new and updated templates that could be used in long-term care and post-acute care settings. The eQuality CARE team will submit a ballot to SDWG for a Questionnaire Assessment Implementation Guide to support full communication of CARE data elements in CDA in the fall 2012 ballot cycle.

Office of the National Coordinator (ONC), Standards & Interoperability (S&I) Framework, Longitudinal Coordination of Care (LCC) PAS SWG

Formed in fall 2011, the PAS SWG's goals are to a) identify the standards that can support interoperable exchange between providers and between providers and patients, and b) identify the subset of Minimum Data Set (MDS) and Outcome & Assessment Information Set (OASIS) data elements that can be successfully included in patient assessment summary documents. The PAS SWG is evaluating the MDS and OASIS data elements to prioritize clinically relevant items for a patient assessment summary.

The eQuality CARE team collaborated with the S&I PAS SWG during the design and development of the functional, cognitive and pressure ulcer templates included in the spring ballot. The eQuality CARE team will continue to keep the PAS SWG informed as the CDA Questionnaire Assessment is designed to communicate the full CARE instrument in the fall 2012 ballot.

HL7 Ballot Strategy

The eQuality CARE team gave the TEP information on engagement in HL7 balloting for members and non-members. A general overview of the HL7 balloting process was also provided. For more information, refer to <http://www.hl7.org/ctl.cfm?action=ballots.home>.

Spring 2012 Ballot

The December 2011 version of for CDA Release 2.0: Consolidated CDA Templates (US Realm) Draft included insufficient guidance to express data concepts that existed in the CARE data model (e.g., Functional Status). The January TEP discussed this concern and recommended additions to the guide. In response, the eQuality CARE team further defined the functional status section templates by using instrument neutral templates. These instrument neutral templates may be used to express concepts commonly found in a PAC LTC setting using vocabulary recommendations from the Health IT Standards Committee (HITSC).

Specifically, the functional status section was expanded to include templates to represent a patient's functional and cognitive status as a problem and/or result observation. New templates were created to represent caregiver characteristics, pressure ulcer observations, and documentation of assessment scales. These additions to the spring 2012 ballot support representation of concepts found in the CARE instrument.

The deadline for registration to vote on the spring 2012 version of the Implementation Guide (IG) for CDA Release 2.0: Consolidated CDA Templates (US Realm) DSTU was May 28, 2012. The spring 2012 Consolidated CDA Templates DSTU was open for public comment until June 4, 2012.

Fall 2012 Ballot

The SDWG will update the HL7 IG for CDA Release 2: CDA Framework for Questionnaire Assessments to support communication of the full set of CARE data elements. To support the updates needed to this IG, the eQuality CARE team will continue to engage the S&I PAS SWG as it develops the Patient Assessment Summary. The updated version of the IG for CDA Release 2: CDA Framework for Questionnaire Assessments will be available for public comment from August 3 to September 7, 2012.

CARE Workflow Report

The eQuality CARE team gave the TEP an overview of the CARE workflow report which will document the end to end workflow of how assessment instruments information is currently captured in an electronic health record (EHR) in the different PAC LTC settings. The report will identify any workflow gaps and inconsistencies in the documentation and capture process that may impact the reporting of CARE data. The eQuality CARE team will contact interested TEP members to discuss integration of these instruments in facilities with EHRs.

Mapping to NQF Quality Data Model (QDM)

The National Quality Forum (NQF) Quality Data Model (QDM) provides the building blocks for creating electronic quality measures (e-Measures). The eQuality CARE team is working with the National Committee for Quality Assurance (NCQA) to propose additions to the QDM to support CARE data elements.

Findings and Recommendations

The TEP discussed and provided recommendations on two aspects of CARE: use as a universal assessment tool and the impact of Meaningful Use Stage 3.

Options for Expanding Use of CARE as a Standardized Data Set

The eQuality CARE team presented options for transition approaches and launched a discussion about advantages and disadvantages of each approach, as well as possible factors that may impact transition to the use of CARE as a standardized data set across care settings.. The TEP examined two key considerations: the deployment approach and supporting multiple functions through one instrument.

Evolutionary vs. Revolutionary Approach

The TEP discussed whether to deploy CARE incrementally or replace entire instruments at one time. MDS, OASIS, and Inpatient Rehabilitation Facilities-Patient Assessment Instrument (IRF-PAI) are currently in use as federally mandated assessment tools. Following an incremental approach, individual items or sections in these existing assessment instruments could be changed at different times. If an incremental approach is adopted, the transition should start small and focus on concepts common in all three assessment instruments. For example, pressure ulcer reporting is mandated in the Affordable Care Act quality reporting of long-term care hospital data and is a good starting point. An incremental approach would also be a gentler approach in breaking the strong silos of care that exist between hospitals, Skilled Nursing Facilities (SNF), home health, and inpatient rehabilitation. Alternatively, a “big bang” approach would create a major change in workflow for staff responsible for completing the assessment tools. Challenges would involve staff training time and creating a process to manage updates to the tool. The TEP noted that CMS has not clearly articulated its plans for existing assessment instruments at this time.

Another consideration is how changes in clinical practice and advances in clinical evidence will necessitate changes and updates in any assessment tool. The TEP recommended developing a strategy that would involve minimal disruption and maximum impact.

The TEP suggested that if CMS elects to transition to CARE, then the value position of CARE should be kept in mind. Standard vocabularies should be maintained. Data across acute, ambulatory and long-term settings should be harmonized. If starting the transition to one standardized instrument, three or four domain functions should be selected. These three or four domain functions should align with the minimum required data set for clinical exchange identified for a summary document in Meaningful Use.

In the proposed standard for Meaningful Use stage 2 and 3, objectives for improving care coordination center around providing bidirectional communication through health information exchange. One type of exchange criteria required is between providers and eligible hospitals via an electronic summary care record for patient transitions and referrals.¹ The Consolidated CDA is the proposed standard for the summary care records which contains a library of templates that enable interoperable exchange of the clinical information. Meaningful Use identifies the key minimal required data elements for the clinical summary to the patient's demographics, problem list, procedures, lab test, medication list, medication allergy list, vital signs and smoking status. .²

A Single Tool for Reimbursement, Clinical Care, and Quality Reporting

Currently, the MDS, OASIS and IRF-PAI assessment data elements support reimbursement, clinical care, regulatory compliance, and quality reporting. When changes or additions to any of these existing instruments are made, the multiple uses of their data must be considered. The TEP and eQuality CARE team discussed whether the CARE data set could potentially support multiple functions as a single instrument for the PAC LTCH. Although further discussion continued along these lines, the topic went outside the scope of this TEP's purpose.

Current assessment instruments, such as the MDS, OASIS and IRF-PAI capture health and functional status data, but express the data using different terminology and different measurement scales. Disparate data generated from these instruments cannot be compared across settings, over time to understand clinical outcomes and resource use. Selection of specific CARE data concepts that represent patient's functional and cognitive status in a uniform way across settings, over time, would aid in closing the gap. Two functional outcome measures, Mobility Change Score and Self-Care Change Score, are currently under development with RTI; CARE will be the resource for the data. Other possible patient assessment quality measures could include outcomes related to cognition, communication, memory, delirium, and swallowing. The Role of Post-Acute Care in Meaningful Use Stage 3

The eQuality CARE team provided a status update on some of the CMS quality measures surrounding PAC. Pressure ulcer measure NQF #0678, used in the nursing home setting, is now under NQF review to expand endorsement beyond nursing homes to include LTC hospitals and IRFs. Pressure ulcer quality measures are under consideration by The Joint Commission and the American Nurses Association (ANA). For Meaningful Use Stage 3, the TEP recommended post-acute care utilize existing data sets (e.g., the ANA pressure ulcer data), support development of a semantically interoperable patient assessment summary with carefully selected clinically relevant data, focus on transitions in CARE used in certified EHRs, and maintenance of incentives for

¹ http://healthit.hhs.gov/media/faca/MU_RFC%202011-01-12_final.pdf

² Federal Register, Vol. 77, No. 45, Wednesday, March 7, 2012/ Proposed Rule,

requirements. The TEP also recommended that PAC programs seek partnership with hospitals and ambulatory care providers.

To enhance future interoperability for the CARE tool, the TEP provided a number of recommendations:

- Integrate CARE data with personal health records.
- Establish interoperable partnerships with other healthcare industry providers to engage LTC in exchange information.
- Use CARE data for research and clinical quality reporting using national standards from skin, cognitive, and functional assessment concepts.
- Make CARE part of the integrated health care system to support a provider to provider hand-off and safer care transitions.
- Develop a framework where CARE data can be transmitted to different providers regardless of setting.
- Include best practice for chronic disease management.
- Modify the CARE tool and develop comprehensive care plans.
- Ensure consistency in data capture across multiple settings for patient care, billing and clinical quality measures.
- Make workflows consistent.
- Create additional standard document types to accommodate the scope of practice unique to each PAC setting.
- Develop standards that will allow for trending and tracking of clinical data.
- Support changes in payment models.

Summary

The TEP meeting concluded with participants sharing what impact they believed CARE would have on the industry in the next five years. Responses included:

- The industry will have adopted a standardized approach to measuring patient's functional status at various points in time, regardless of care setting.
- Standards-based data will be uniform and comparable, to support industry's ability to measure quality across settings, over time..

Action Items

Task	Description	Assigned To	Due Date
1	Send links to group for CDA Consolidation DSTU and S&I Framework Patient Assessment Summary SWG	Brett Marquard	Completed
2	Contact eQuality CARE team if interested in being interviewed for work flow report	All TEP members	7/1/2012

List of Acronyms and Abbreviations

ACH	Acute care hospital
APU	Annual Payment Update
BIM	Brief Interview for Mental Status
CAM	Confusion Assessment Method
CARE	Continuity Assessment Record and Evaluation
CCD	Continuity of Care Document
CDA	Clinical Document Architecture
CMS	The Centers for Medicare & Medicaid Services
DSTU	Draft Standard for Trial Use
EHR	Electronic health record
HIE	Health Information Exchange
HITSC	Health Information Technology Standards Committee
HL7	Health Level Seven
IG	Implementation Guide
IRF-PAI	Inpatient Rehabilitation Facilities-Patient Assessment Instrument
LCC	Longitudinal Coordination of Care
LTC	Long Term Care
LTCH	Long term care hospitals
MDS	Minimum Data Set
NCQA	National Committee for Quality Assurance
NQF	National Quality Forum
OASIS	Outcome & Assessment Information Set
ONC	Office of the National Coordinator
PAC	Post-Acute Care

PAS SWG	Patient Assessment Summary Sub Work Group
QDM	Quality Data Model
RTI	Research Triangle Institute
S&I	Standards and Interoperability
SDWG	Structured Documents Work Group
SNF	Skilled Nursing Facility
TEP	Technical Expert Panel