

Technical Expert Panel Summary/Expert Input Report (Second Convening) Posting

Project Title:

Development and Maintenance of Post-Acute Care Cross-Setting Standardized Patient Assessment Data

Dates:

- The call for TEP nominations closed February 19, 2016
- The TEP was held January 5-6, 2017

Documents:

- The TEP Membership List and Summary Report are posted below in the download section

Project Overview:

The Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act of 2014) requires the Centers for Medicare & Medicaid Services (CMS) develop, implement, and maintain standardized patient assessment data elements for post-acute care (PAC) settings to facilitate care coordination and improve Medicare beneficiary outcomes.¹ The types of providers covered by the IMPACT Act of 2014 include skilled nursing facilities (SNFs), home health agencies (HHAs), inpatient rehabilitation facilities (IRFs) and long-term care hospitals (LTCHs).

CMS has contracted with RAND to develop and test standardized post-acute care assessment data elements that could meet the requirements of the IMPACT Act of 2014 and contribute to care planning, quality measurement, cost estimation, and better care transitions. Existing PAC assessment instruments – Minimum Data Set (MDS), Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), Outcome and Assessment Information Set (OASIS), and LTCH CARE Data Set (LCDS) – are neither standardized nor interoperable in that the settings use different assessment items, items are created, collected, and reported in many different ways, and conclusions from assessments in one setting cannot be directly compared with or transferred across facilities. Implementation of standardized assessment items across PAC settings, facilitated by health information technology (HIT), is compelling at multiple levels and has important implications for Medicare beneficiaries, families, providers, and policymakers. IMPACT Act of 2014 domains under consideration for development by RAND in the first year of the project include: cognition and mental status; medication reconciliation; care preferences; pain; and impairments in hearing, vision and continence.

CMS has contracted with RAND to develop and test standardized PAC assessment items that could meet the requirements of the IMPACT Act of 2014 and contribute to care planning, quality measurement, outcome comparison, cost estimation, better care transitions, and interoperable data exchange. The contract name is Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data. The contract number is HHSM-500-2013-13014I. As part of its item standardization

¹ <https://www.govtrack.us/congress/bills/113/hr4994>

development process, CMS requires that contractors convene groups of stakeholders and experts who contribute direction and thoughtful input to the contractor.

Project Objectives:

- To develop and test standardized PAC patient assessment data elements (i.e. assessment items) and associated response codes.
- Gather feedback on importance, feasibility, usability and potential impact of the item standardization changes under consideration.
- Identify setting-specific needs/concerns/barriers when standardizing assessment data elements under the specified domains.

TEP Roster

Name, Credentials, and Professional Role	Organizational Affiliation, City, State	PAC setting(s)	Role/Area of Expertise	Conflict of Interest Disclosure
Susan Battaglia, RN-BC, RAC-CT Director of Case Mix Management	Tara Cares; NGNA; AANAC Orchard Park, NY	SNF	Patient assessment, workforce, QI	NO COI
Janet Brown, MA CCC-SLP* Director, Health Care Services in Speech Language Pathology	American Speech-Language-Hearing Association Rockville, MD	HH, IRF, LTCH, SNF	Hearing and vision assessment	
Judy Elmore, BS Vice President, Ancillary Operations	Covenant Healthcare Aliso Viejo, CA	HH, SNF	Administrator: Workforce, QI, Health Information Technology	NO COI
Janet Herbold, PT, MPH, CHC Senior Administrator and Corporate Compliance Officer	Burke Rehabilitation Hospital White Plains, NY	IRF	Provider/Administrator patient assessment, care transitions	NO COI
Kathleen Lawrence, MSN, RN, CWOCN Wound Ostomy Continence Program Manager	Rutland Area Visiting Nurse and Hospice Rutland, VT	HH, IRF, LTCH, SNF	Provider: care preferences, pain, workforce	NO COI
Natalie Leland, PhD, OTR/L, BCG, FAOTA Assistant Professor	University of Southern California; Los Angeles, CA	IRF, SNF	Care preferences, QI, HIT	NO COI
Cheryl Phillips, MD* Senior VP Public Policy and Health Services	Leading Age Washington, DC	HH, IRF, SNF	Administrator: QI, performance measurement, patient assessment process	NO COI

Name, Credentials, and Professional Role	Organizational Affiliation, City, State	PAC setting(s)	Role/Area of Expertise	Conflict of Interest Disclosure
Marc Rothman, MD Senior VP & Chief Medical Officer	Kindred Healthcare; Louisville, KY	HH, IRF, LTCH, SNF	Provider: QI, workforce, care transitions	Yes, employee of Kindred Healthcare
Chloe Slocum, MD Physical Medicine and Rehabilitation Physician	Spaulding Rehabilitation Hospital, Sandwich, MA	HH, IRF	Provider: pain assessment, performance measurement, medication reconciliation	NO COI
Peter W. Thomas, JD Principal	Powers Pyles Sutter & Verville PC; Washington, DC	HH, IRF, LTCH, SNF	Consumer	
Barbara Thomsen, CDM, CFPP, RAC-CT MDS/Case Mix Audit Specialist and Quality Assurance	Hawkeye Care Centers, Norwalk, IA	HH, IRF, LTCH, SNF	Provider: patient assessment, performance measurement	NO COI
John Votto, DO, FCCP* President & CEO	Hospital for Special Care, Inc. New Britain, CT	LTCH	Administrator: patient assessment, performance measurement	NO COI
Michael Wasserman, MD, CMP Geriatrician	Woodland Hills, CA	HH, LTCH, SNF	Provider: QI, care transitions	NO COI
Kathleen Witcoskie, RN Vice President	Visiting Nurse Association of American Health Systems Shamokin, PA	HH, LTCH, SNF	Research/academic: QI, healthcare disparities	NO COI