Improving Medicare Post Acute Care Transformation Act of 2014

Special Open Door Forum

Charlayne Van, CMS

Barbara Gage, GWU/ RAND

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Welcome

The Centers for Medicare & Medicaid Services,
along with its contractor,
RAND Corporation,
Welcomes You To
Join this National Discussion

Focus of this Special Open Door Forum

- The IMPACT Act: Update on the RAND Contract
  - The Goal of the IMPACT Act
  - Scope of RAND Contract
  - Timeline of Activities

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014
- Requires standardized patient assessment data across post-acute care (PAC) settings to enable:
  - –Improvements in quality of care and outcomes
  - –Comparisons of quality across PAC settings
  - –Information exchange across PAC settings
  - –Enhanced care transitions and coordinated care
  - –Person-centered and goals-driven care planning and discharge planning

Purposes of the IMPACT Act

- Improve Medicare beneficiary outcomes
- Facilitate comparable data and quality across PAC settings
- Support provider access to longitudinal information to facilitate coordinated care
- Develop payment models based on patient characteristics

Providers Covered by the IMPACT Act

- Skilled Nursing Facilities (SNFs)
- Home Health Agencies (HHAs)
- Inpatient Rehabilitation Facilities (IRFs)
- Long-Term Care Hospitals (LTCHs)

IMPACT Act Identifies Categories that Require the Use of Standardized Data

- Function (e.g., self care and mobility)
- Cognitive function (e.g., express & understand ideas; mental status, such as depression and dementia)
- Special services, treatments & interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
- Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
- Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)

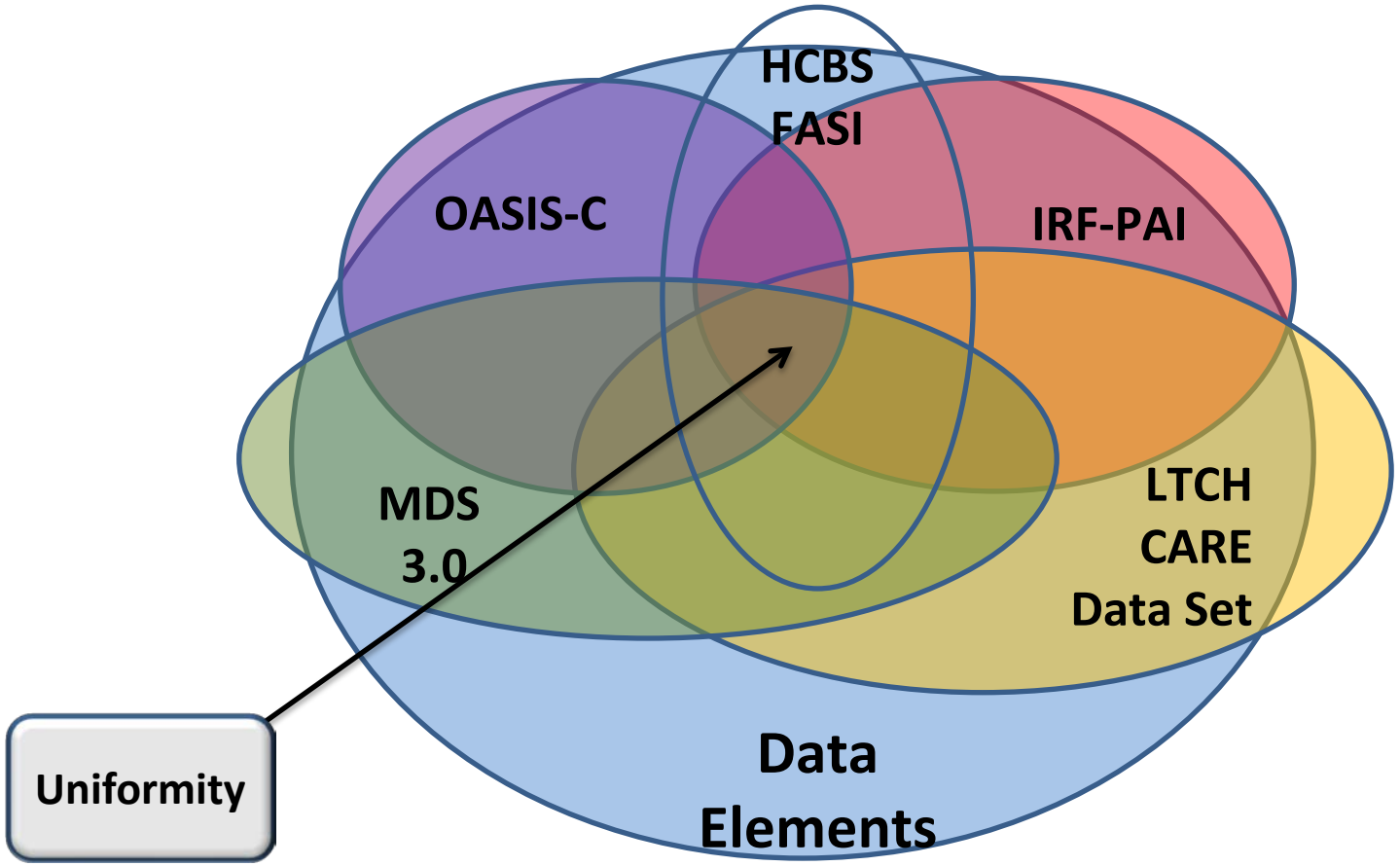
IMPACT Act Identifies Domains for Quality Measures that Use Standardized Assessment Data

- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating and providing for the transfer of health information and care preferences of an individual when the individual transitions

Current Assessments

- 4 Different Settings, 4 Different Assessment Tools
  - Skilled Nursing Facilities (SNF) → **Minimum Data Set (MDS)**
  - Home Health Agencies (HHA) → **Outcome and Assessment Information Set (OASIS)**
  - Inpatient Rehabilitation Facilities (IRF) → **IRF-Patient Assessment Instrument (IRF-PAI)**
  - Long Term Care Hospitals (LTCH) → **LTCH CARE Data Set (LCDS)**
- Overlapping domains and purposes, but specific items measuring common domains differ across settings

Data Elements: Standardization



Standardized Assessment Data Elements

One Question: Much to Say → One Response: Many Uses

GG0160. Functional Mobility
(Complete during the 3-day assessment period.)

Code the patient's usual performance using the 6-point scale below.

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

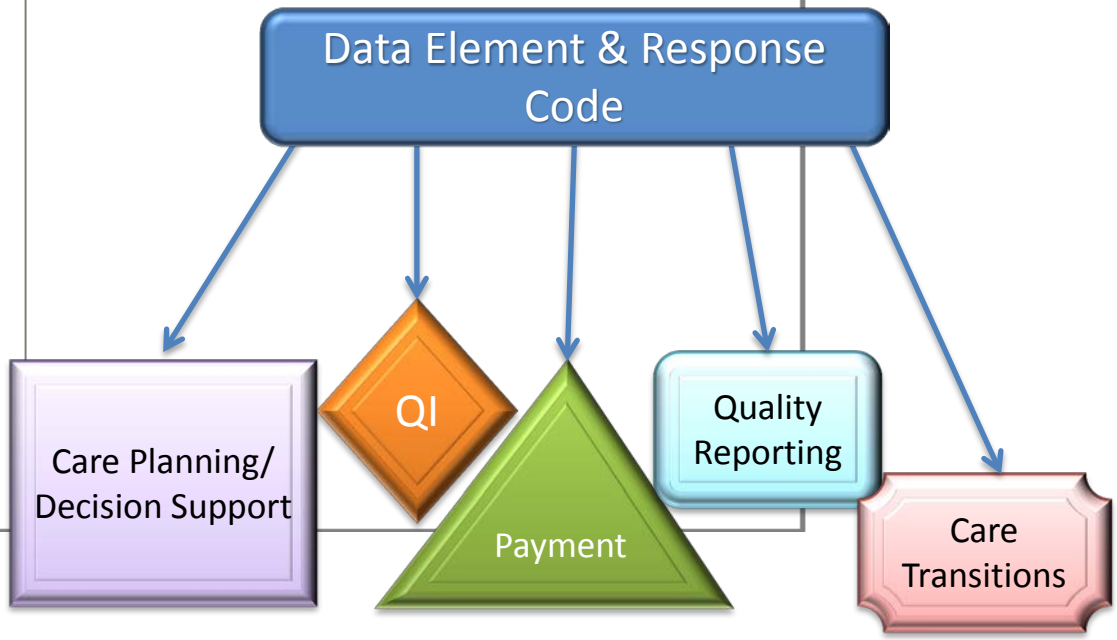
06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the task.

07. **Patient refused**
09. **Not applicable**

If activity was not attempted, code:
88. Not attempted due to **medical condition or safety concerns**

Enter Codes in Boxes

☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to Sitting on Side of Bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.



RAND Scope of Work and Approach

Overview of the RAND Contract

- Project goal is to develop, implement, and maintain standardized PAC patient assessment data
- Project leadership
  - Maria Edelen, PhD (RAND Health), Project Director
  - Barbara Gage, PhD (George Washington University), Project Co-Director
  - Deb Saliba, MD, MPH (RAND Health), Clinical Content Expert
  - Susan Paddock, PhD (RAND Health), Lead Statistician

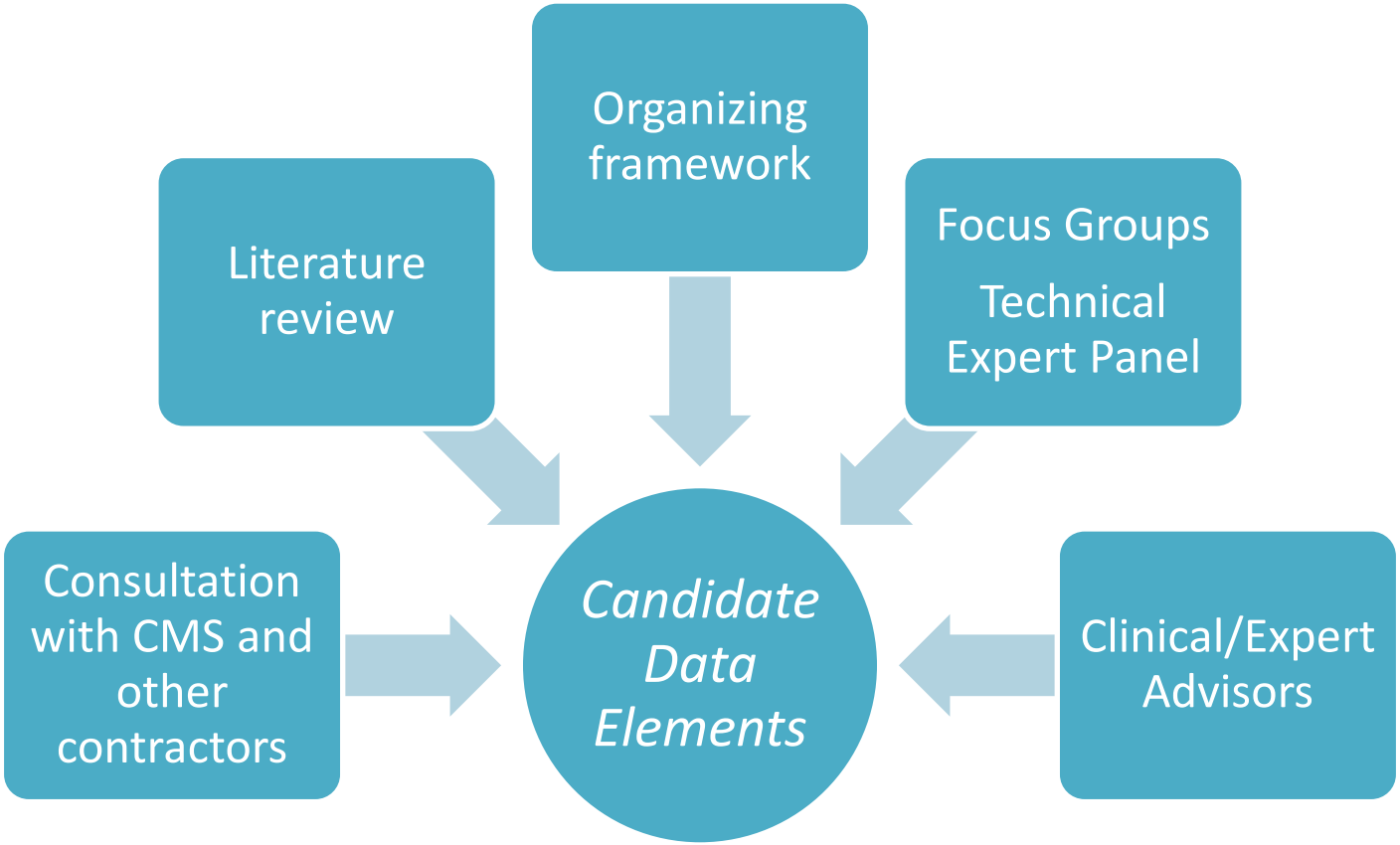
RAND Project Phases

1. Information Gathering (including literature review, technical expert panels, focus groups, and stakeholder engagement): Sep 2015 – Apr 2016
2. Pilot Testing (Alpha 1 and Alpha 2): Aug 2016 – Jun 2017
3. National Beta Testing: Begins Fall 2017

Information Gathering Activities Organized Around Specific Categories in IMPACT Act

- Cognitive Status
- Mental Status (i.e., mood)
- Medical Conditions (i.e., pain)
- Impairments (i.e., continence and sensory impairments)
- Care Preferences
- Medication Reconciliation

Focus of Information Gathering was to Identify Candidate Data Elements for Pilot Testing



Evaluation of Candidate Data Elements

Potential for improving quality	• Improve care transitions, person-centered care and care planning • Improve care practices and patient safety • Use for quality comparisons, including value based payment models • Supports clinical decision making and care coordination
Validity and reliability	• Inter-rater reliability (consensus in ratings by two or more assessors) • Validity (captures the construct being assessed)
Feasibility for use in PAC	• Potential to be standardized and made interoperable across settings • Clinically appropriate • Relevance to work flow
Utility for describing case mix	• Potential use for payment models • Measures differences in severity levels related to resource needs

Development and Implementation of Data Elements

Track 1: "Blueprint" Public Comment Data Elements

- Strong evidence for feasibility and reliability in PAC settings
- Tested and performed well in PAC PRD
- Posted for public comment in August 2016

Track 2: Alpha 1 Data Elements

- Rated highly by the TEP and stakeholders, but require feasibility testing in PAC settings
- Tested in cross-setting PAC facility field test

Track 3: Alpha 2 Data Elements

- Require feasibility testing in PAC settings, and further development and consensus building
- List of data elements still being finalized

Track 1: Public Comment

- Some data elements identified in the environmental scan met all criteria for relevance, validity and reliability, and were well received by the TEP. These are mainly elements that were tested and performed well in the PAC PRD.
- As a next step of information gathering around these data elements, a public comment period was opened from 8/12/16 to 9/12/16.

Track 1: Public Comment Data Elements

Cognitive Function and Mental Status
- Brief Interview for Mental Status (BIMS)
- Expression of Ideas and Wants
- Ability to Understand Others: Understanding Verbal Content
- Confusion Assessment Method (CAM)
- Behavioral Signs and Symptoms
- Patient Health Questionnaire (PHQ-9, PHQ-2, hybrid PHQ-2/9)

Medical Conditions: Pain
- Pain Presence
- Pain Severity

Impairments of Hearing and Vision
- Ability to Hear
- Ability to See in Adequate Light

Special Services, Treatments, and Interventions
- Hemodialysis
- IV Chemotherapy
- Radiation
- Central Line Management
- Total Parenteral Nutrition (TPN)
- Enteral Nutrition
- Vasoactive Medications
- Oxygen (intermittent or continuous)
- BiPAP/CPAP
- Invasive Mechanical Ventilator: Weaning Status
- Suctioning
- Tracheostomy Care

Track 2: Alpha Tests include data elements requiring cross-setting feasibility evidence before large-scale testing

Alpha 1 Market: Greater Hartford, Connecticut area

Alpha 1 Data Elements being tested include

- Cognition executive function items;
- Care preferences;
- Medication reconciliation;
- Bladder and Bowel continence;
- Additional vision and hearing items;
- Pain;
- PHQ modification

Track 3: Alpha 2 items are being identified for a second feasibility field test

- Soliciting stakeholder input on remaining gaps
  - Focus on assessment of cognitive status
  - Further development of observational assessments
  - Also considering incorporation of some self-report PROMIS items
- Alpha 2 field test to assess cross-setting feasibility of these items and include modified items from Alpha 1 - scheduled for Spring 2017

Track 3: Alpha 2 Testing

- Three markets:
  - Chicago, Illinois area
  - Denver, Colorado area
  - Houston, Texas area

- Providers will be randomly selected from within the 3 markets

- Recruitment currently underway

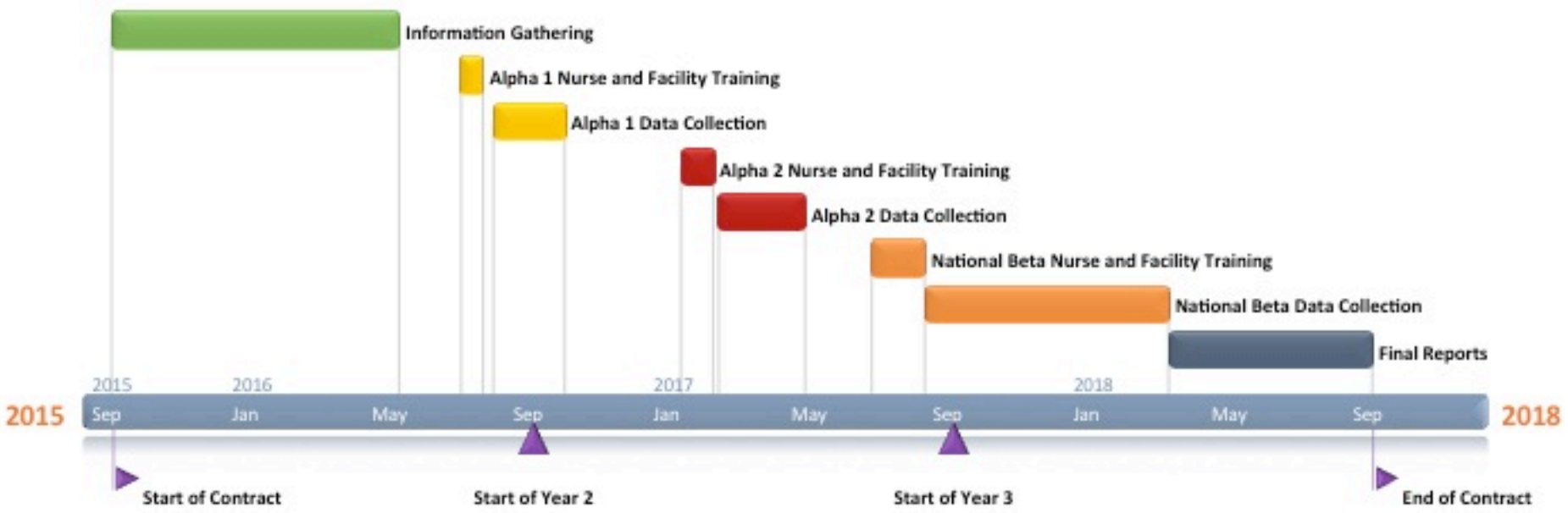
National Beta Test

- Results from Alpha 1 and Alpha 2 testing will be used to modify and select a subset of data elements to move forward to national Beta test
- Providers will be randomly selected to participate
- Data from national test will provide setting-specific reliability and validity data
- Beta test scheduled to begin in the fall of 2017

Opportunities for Public Input

- Informal Item Dissemination: Fall 2016: PROMIS
- Technical Expert Panel: Jan 2017
- Public Comment:
  - March 2017
  - March 2018
- Presentations at Stakeholder meetings

General Timeline



Summary

- RAND is focusing on standardized items in key categories
- Item Selection is based on extensive stakeholder input
  - Early item circulation
  - Formal public comment
  - Technical Expert Panels
  - Publication in Federal Register
- Three Sets of Items are under consideration and in different stages of development
- Recruitment is currently underway for Alpha testing
- National beta testing will occur Fall 2017 on subset of items

Want to Get Involved?

Please send comments/questions/ ideas to the CMS IMPACT Mailbox:

PACQualityInitiative@cms.hhs.gov