Improving Medicare Post Acute Care Transformation Act of 2014

Special Open Door Forum

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September 28, 2017

Welcome

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

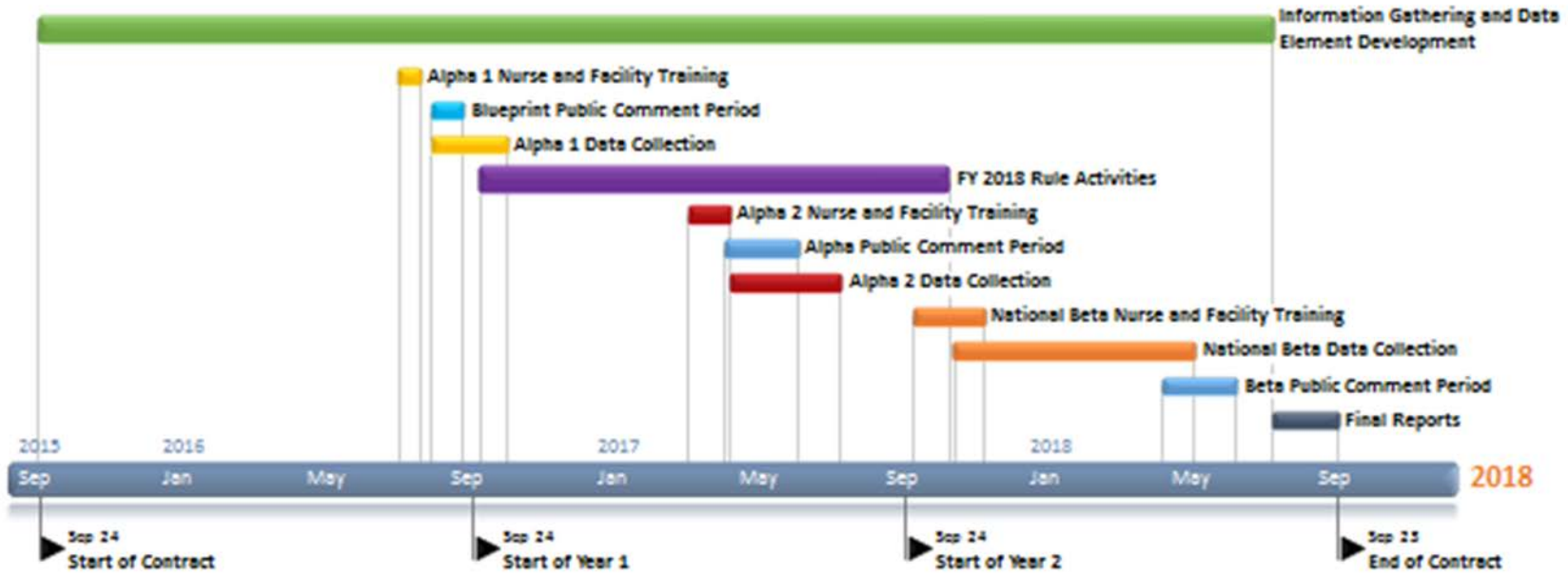
Focus of this Special Open Door Forum

- The IMPACT Act: Update on the RAND Contract
  - Update on Project Activities
  - National Testing Design
  - Next Steps for Upcoming Year

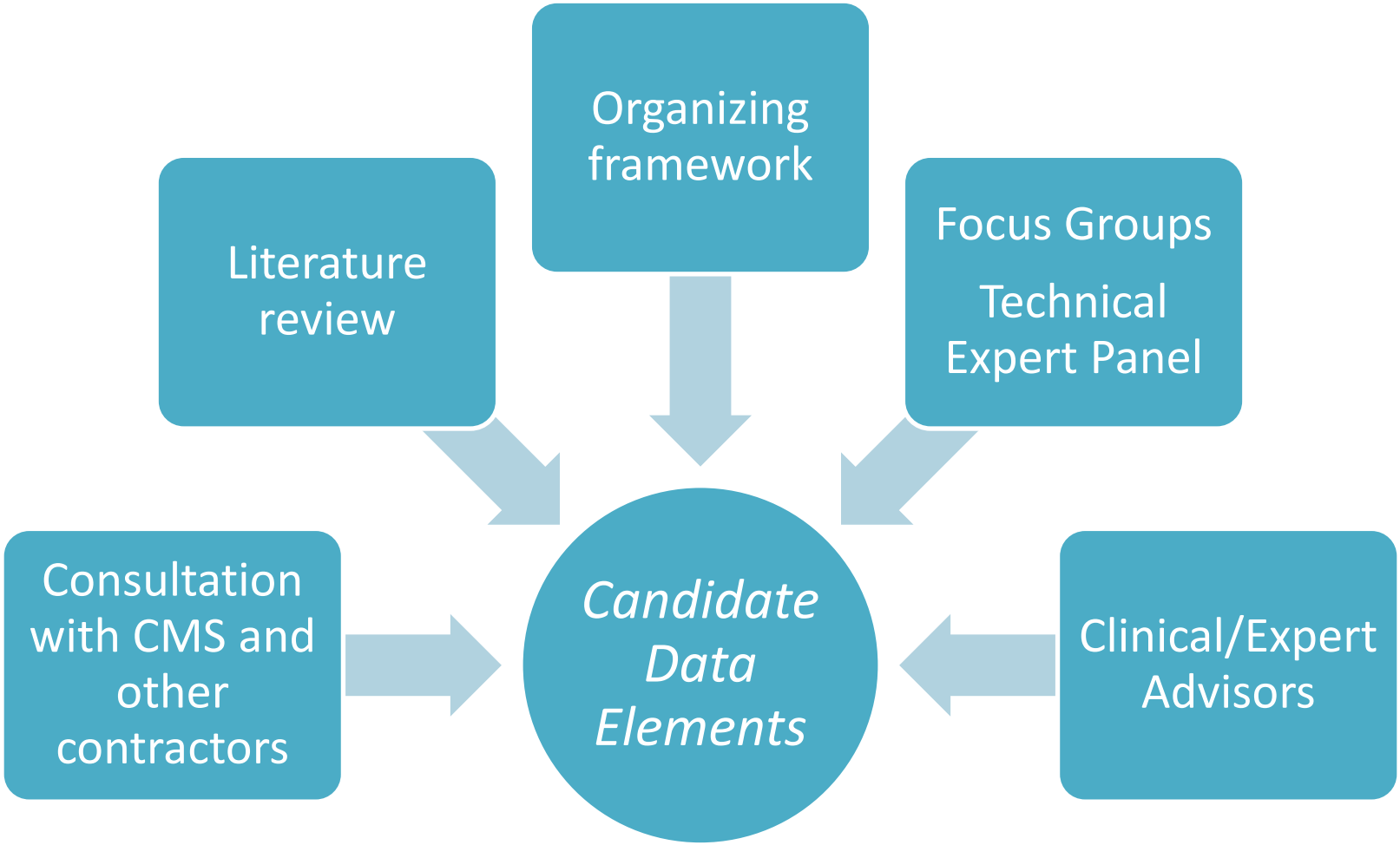
Overview of the RAND Contract

- Project goal is to develop, implement, and maintain standardized PAC patient assessment data
- Project phases:
  1. Information Gathering: Sep 2015 – Apr 2016
  2. Pilot Testing (Alpha 1 and Alpha 2): Aug 2016 – July 2017
  3. National Beta Testing: Begins Fall 2017
- Focus on clinical domains outlined in IMPACT Act: cognitive status, mental status (e.g., mood), medical conditions (e.g., pain), impairments (e.g., incontinence and sensory impairments), other clinical topics (e.g., care preferences and medication reconciliation)

Standardized Assessment Categories: General Timeline



Focus of Information Gathering was to Identify Candidate Data Elements for Standardization



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

Two Tracks of Work for Candidate Data Elements

- Track 1 – FY 2018 proposed rule
  - Sufficient evidence for cross-setting feasibility and performance (mostly from PAC PRD)
    - Cognitive Function and Mental Status
    - Special Services, Treatments and Interventions
    - Impairments
- Track 2 – feasibility testing
  - Data elements that fill gaps but require more feasibility and performance testing
    - Cognition (executive functioning), pain, continence, care preferences, medication reconciliation

Track 1 Status

- Data elements identified for FY 2018 proposed rule (cognitive function and mental status, special services, treatments and interventions, impairments) were not finalized
- Reasons for this decision:
  - To be responsive to stakeholders' comments that the addition of standardized data elements "are too much, too soon."
  - To enable greater "recovery" for providers between major releases as expressed
  - To allow for additional reliability and validity testing, including testing on time points used in data collection
  - To allow more time with stakeholders and TEPs to build additional consensus on elements

Track 2 Status

- The majority of data elements were feasible to administer and showed adequate to excellent agreement between raters
- Some data elements did not perform well in alpha 1 and were modified and re-tested in alpha 2
- Qualitative feedback from assessors was used to help evaluate and improve training instructions and data element specifications
- Both qualitative and quantitative information was used to identify data elements that may be problematic for use across PAC settings

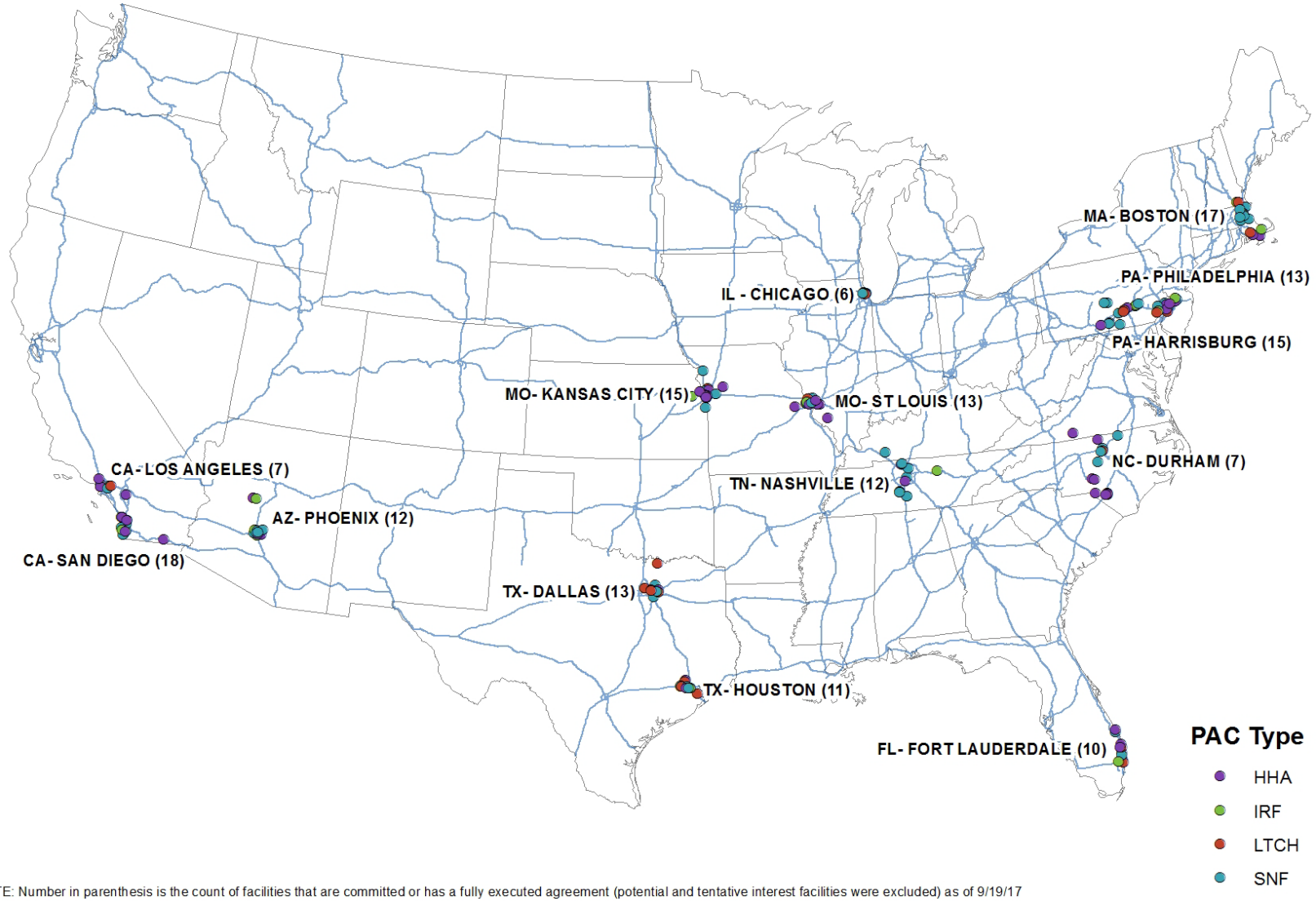
Next Steps

- Identify data elements from both tracks for national field testing (beta test)
- Outreach and consensus building activities for data elements being tested
  - Focus groups with clinical staff representing each setting
  - Feedback sessions with facility staff and administrators participating in beta field test to gain understanding of workflow constraints and issues and identify ways to mitigate burden
  - Stakeholder webinars to report interim findings from beta test

National Beta Test

- Final phase of data collection to test reliability and validity of candidate data elements from both tracks of work
- Field test will take place over a span of six months starting in November 2017
- 14 geographic/metropolitan areas were randomly selected and eligible providers have been randomly selected from within these 14 areas
- Eligible providers are being contacted and invited to participate
- Participation is voluntary

Map of Recruited Providers (9.19.17)



NOTE: Number in parenthesis is the count of facilities that are committed or has a fully executed agreement (potential and tentative interest facilities were excluded) as of 9/19/17

Table of Recruited Providers (9.18.17)

Market	HHA (~5/market; 70)		IRF (~2/market; 28)		SNF (~6/market; 84)		LTCH (~2/market; 28)		Total (~15/market; 210)	
	Target	Recruited	Target	Recruited	Target	Recruited	Target	Recruited	Target	Recruited
Boston	4	4	3	3	7	8	2	2	16	17
Harrisburg	4	4	1	1	8	8	2	1	15	14
Philadelphia	5	4	3	3	5	4	2	1	15	12
Durham	6	1	1	0	5	4	1	1	13	6
Fort Lauderdale	5	4	2	1	6	3	2	2	15	10
Chicago	4	2	2	2	5	2	1	1	12	7
Nashville	5	3	2	1	8	8	0	0	15	12
Kansas City	5	5	1	1	7	7	2	2	15	15
St. Louis	7	7	1	1	6	4	2	1	16	13
Dallas	3	2	2	2	4	4	7	5	16	13
Houston	4	3	2	2	3	2	6	4	15	11
Phoenix	6	4	3	3	6	6	0	0	15	13
Los Angeles	6	3	2	0	6	5	1	1	15	9
San Diego	6	6	3	3	8	8	0	0	17	17
TOTAL	**70**	**52**	**28**	**23**	**84**	**73**	**28**	**21**	**210**	**169**

Beta Patient/Resident Participants

- Beneficiaries selected will be Medicare only or dually eligible (Medicare-Medicaid) that are admitted to participating providers during the field period

PAC setting	Target number of patients per facility	Target number of facilities	Target number of admission assessments	Target number of discharge assessments
LTCH	30	28	840	579
IRF	30	28	840	772
SNF	25	84	2100	1491
HHA	25	70	1750	1103
TOTAL	----	210	5530	4055

Beta Data Collection

- Completed electronically on handheld tablets provided to the facilities
- Protocol includes patient interviews and record review items
- A subset of assessments will be coded by both facility staff and a project research nurse to evaluate inter-rater reliability
- Research nurses will also conduct repeat assessments on a subset of patients to identify optimal lookback for items

Beta Assessment Categories

- Assessment will focus on:
  - Cognitive status
  - Mental status
  - Pain
  - Impairments
  - Special services, treatments and interventions
  - Other categories
    - Care preferences
    - Global health
    - Medication reconciliation

Beta Data Elements by Category: Cognitive Status

Data Element	RAND contract activities	Beta inclusion Notes
Expression and Understanding	PC1	Two versions will be tested; included in Day 3,5,7 test
Brief interview for mental status (BIMS)	PC1, draft rule	Included in Day 3,5,7 test
Signs and symptoms of delirium (CAM)	PC1, draft rule	Included in Day 3,5,7 test
Behavioral signs and symptoms	PC1, draft rule; Alpha 2, PC2	Included in Day 3,5,7 test
Staff assessment of mental status	Alpha 2, PC2	For patients/ residents unable to communicate

Beta Data Elements by Category: Mental Status

Data Element	RAND contract activities	Beta inclusion Notes
PHQ-2 to 9	PC1, draft rule; alpha 1	
PROMIS Depression	TEP/stakeholder review	Two versions tested in beta
PROMIS Anxiety	Alpha 2, PC2	Two versions tested in beta
Staff assessment of mood (PHQ-9 OV)	Alpha 2, PC2	For patients/ residents unable to communicate

Beta Data Elements by Category: Pain

Data Element	RAND contract activities	Beta inclusion Notes
Pain interview: presence, frequency, severity, effect on sleep, interference with therapy and non-therapy related activities, relief	PC1; alpha 1, PC2	Two versions will be tested; included in Day 3,5,7 test
Staff assessment of pain or distress	Alpha 2, PC2	For patients/ residents unable to communicate

Beta Data Elements by Category: Impairments

Data Element	RAND contract activities	Beta inclusion Notes
Ability to hear, ability to see	PC1, draft rule	
Continence (bladder and bowel): Patient/resident perceived problem	Alpha 1, PC2	
Continence (bladder and bowel): Appliance use, frequency of events	Alpha 1, PC2	Will be recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2

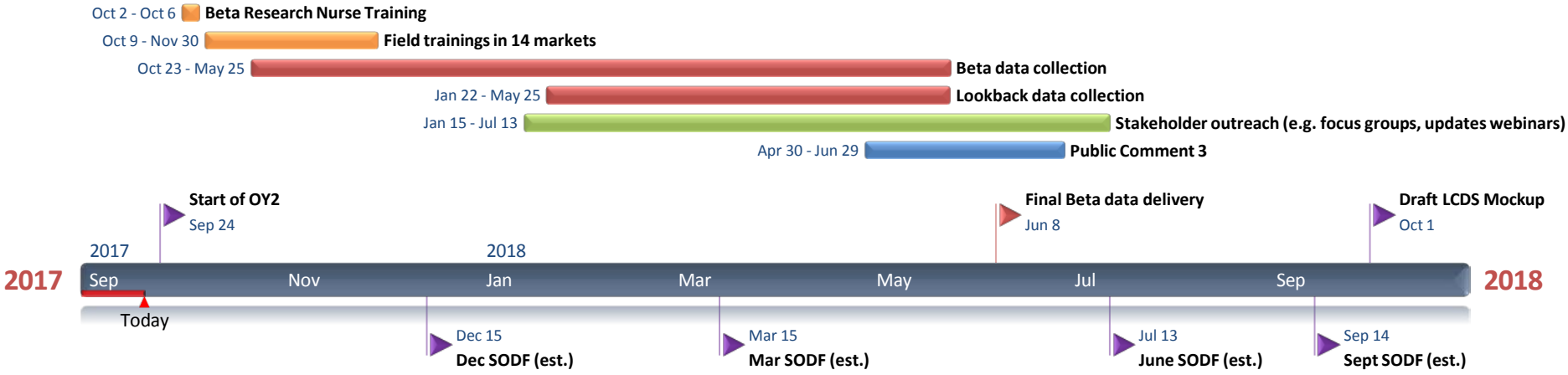
Beta Data Elements by Category:
Special services, treatments and interventions

Data Element	RAND contract activities	Beta inclusion Notes
Services and treatments: Cancer, respiratory, other	PC1, draft rule	Will be recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2
Nutritional approaches: IV or feeding tube, diet	PC1, draft rule	Will be recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2

Beta Data Elements by Category: Other

Data Element	RAND contract activities	Beta inclusion Notes
Care preferences: Decision making preferences, designated health care agent	Alpha 1, Alpha 2, PC2	
PROMIS Global health	PC2, TEP2	Two versions will be tested
Medication reconciliation	Alpha 1, Alpha 2, PC2	

Timeline for Upcoming Contract Year



Points of Contact

- CMS IMPACT Mailbox for comments/ideas:
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- IMPACT item development general information:
  - impactact@rand.org