CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The IMPACT Act and Standardized Patient Assessment Data Elements

Special Open Door Forum

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Welcome

The Centers for Medicare & Medicaid Services,
along with its contractor,
RAND Corporation,
Welcome You To
This Special Open Door Forum

Focus of this Special Open Door Forum

- The IMPACT Act: Standardized Patient Assessment Data Elements (SPADE) for PAC (RAND Contract)

  - Progress on National Beta Test data collection
  - Early feedback from providers participating in beta test
  - Upcoming stakeholder engagement activities

Overview of the RAND Contract

- CMS contracted with the RAND Corporation to help meet the mandates of the IMPACT Act
- Project goal is to develop, test, and implement standardized PAC patient assessment data
- Project phases:
  1. Information Gathering: Sep 2015 – Apr 2016
  2. Pilot Testing (Alpha 1 and 2): Aug 2016 – July 2017
  3. National Beta Testing: Fall 2017 – August 2018
     - Subset of Beta providers willing to extend field participation into the summer months

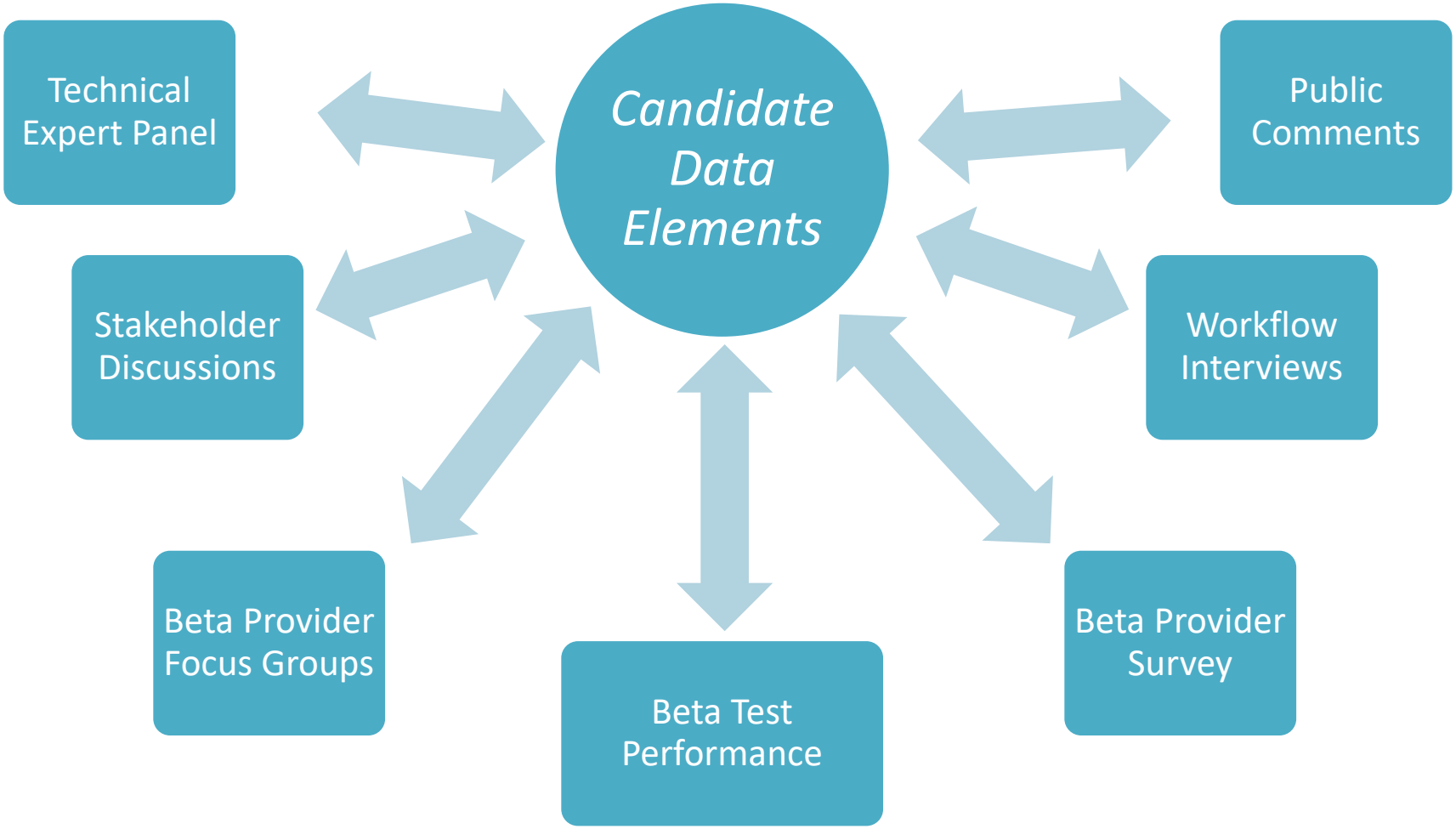
SPADE Clinical Categories

- Focus on clinical categories outlined in IMPACT Act
  - Cognitive status
  - Mental status
  - Pain
  - Impairments
  - Special services, treatments and interventions
  - Other categories (Care preferences; Global health; Medication reconciliation)

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

Input Opportunities for SPADE Evaluation



National Beta Test

- Goals are to test reliability and validity of candidate data elements and identify best, most feasible subset for standardization to meet requirements of IMPACT Act
- Field test happening now with random sample of eligible providers in 14 randomly selected geographic/ metropolitan, and rural areas
- Beneficiaries selected are Medicare only or dually eligible (Medicare-Medicaid) that are admitted to participating providers during the field period

Beta Test Markets

EAST REGION
Boston, MA
Philadelphia, PA
Harrisburg, PA
Durham, NC
Ft. Lauderdale, FL

CENTRAL REGION
Kansas City, MO
St. Louis, MO
Nashville, TN
Chicago, IL

WEST REGION
Los Angeles, CA
San Diego, CA
Phoenix, AZ
Dallas, TX
Houston, TX

Beta Test Protocols

- The National Field Test Assessment Protocols are posted at the bottom of this page:

  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/-IMPACT-Act-Standardized-Assessment-National-Testing-.html

- Three Protocols Total
  - Communicative Admission and Discharge
  - Non-Communicative

Beta Participants and Assessments

PAC Setting	Number of Providers	Submitted Assessments*	Number of Providers in Extension
LTCH	24	607	20
IRF	23	1081	19
SNF	56	1426	44
HHA	33	597	24
TOTAL	**136**	3711	**107**

*Numbers current as of July 5, 2018

Beta Assessments by Market*

*Numbers reflect assessments submitted as of July 5

Beta Test Analysis Plans

- Will conduct analyses to evaluate data elements overall and by setting type during summer and fall
- Analyses will provide cross-setting information regarding
  - Feasibility
  - Reliability
  - Preliminary validity (e.g., differences according to clinical groups)
  - Optimal format for data elements
    - Assessment window
    - Look back period

Beta Provider Survey

- Field period ran for one month
- Email invitations to complete web-based survey were sent to 246 provider staff assessors
- We received 139 responses (57% response rate)
- 91 (65%) were complete and 48 (35%) were partial

Beta Provider Survey

- All 14 markets are represented with between 4 and 12 respondents (mean=6.5, median=5.5, mode=5)
- Setting representation largely reflective of proportions in beta:
  - SNF 36% (40% of beta sample)
  - IRF 28% (19% of beta sample)
  - HHA 21% (24% of beta sample)
  - LTCH 15% (17% of beta sample)

Beta Provider Survey

- Data element groupings for survey:

BIMS
CAM
Expression and understanding
Behavioral signs and symptoms
Pain interview
PHQ-2 to 9 interview
PROMIS Depression
PROMIS Anxiety
PROMIS Global health

Hearing and vision
Care Preferences
Continence
Medication reconciliation
Nutritional approaches
Special services, treatments and interventions
Staff assessment of cognitive status
Staff assessment of mood
Staff assessment of pain

Beta Provider Survey

- Survey included questions about
  - Clinical utility
  - Assessor and patient burden
  - Factors affecting ability to collect data
- Respondents made ratings on a 5-point scale (e.g., from *not at all useful* to *extremely useful)* for all data element groups (e.g., pain interview) and then ranked data elements within groups (e.g., items in the pain interview) from best to worst

Beta Provider Survey

Clinical utility:

This section focuses on your perceptions of how clinically useful each Beta assessment data element is for patients/residents in the post-acute care setting.

Thinking generally about the data elements within the following categories, how clinically useful are these sections of the assessment?

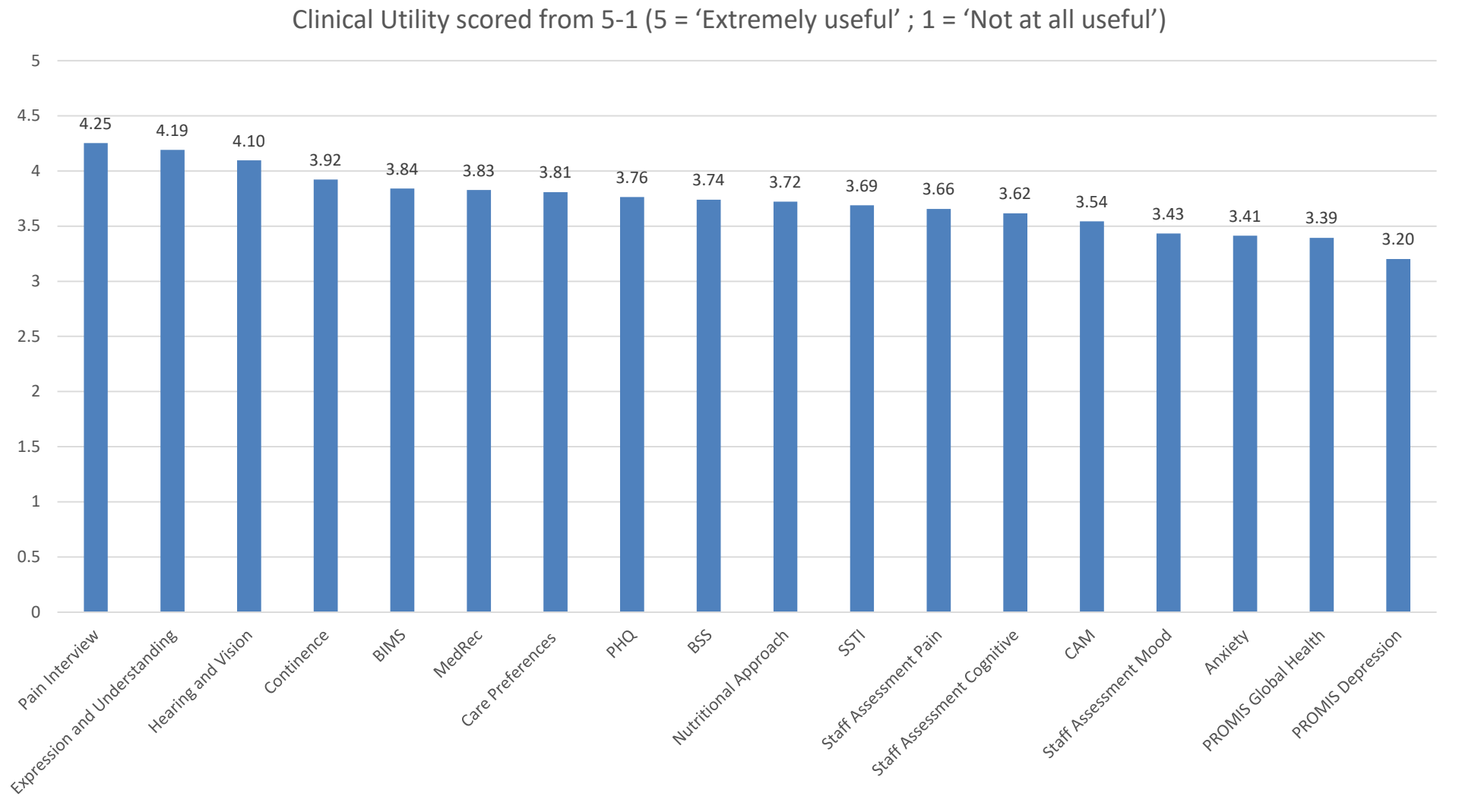
Not at all useful	Slightly useful	Somewhat useful	Moderately useful	Extremely useful
☐	☐	☐	☐	☐

Beta Provider Survey

Clinical utility – overall ratings:

- Data element group average ratings ranged from just above *slightly useful* to just above *moderately useful* (3.20 – 4.25)
- Highest ratings were for Pain Interview (4.25), Expression and Understanding (4.19), and Hearing and Vision (4.10)
- Lowest ratings were for Staff Assessment of Mood (3.43), and PROMIS Anxiety (3.41), Global Health (3.39), and Depression (3.20)

Beta Provider Survey



Beta Provider Survey

Clinical utility – setting specific ratings:

- Pain Interview was in the top two for all settings, but LTCH and SNF assessors rated Expression and Understanding highest, and HHA assessors rated Medication Reconciliation highest
- IRF assessors tended to have lower average ratings overall (range 2.68-4.04)
- SSTI group was rated highly by LTCH (4.46, 5th highest), SNF (4.34, 4th highest) and HHA assessors (3.68, 7th highest), but relatively low by IRF assessors (2.88, 3rd lowest)

Beta Provider Survey

Clinical utility – overall rankings:

DE Group	Highest ranked DE (most useful)	Lowest ranked DE (least useful)
Continence: bladder	*Frequency of incontinent events*	*Need for assistance or appliance management*
Continence: bowel	*Frequency of incontinent events*	*Appliance use, current setting*
Pain Interview	*Pain presence*	*Pain interference, other activities*
SSTI	*Oxygen therapy*	*Radiation*

Beta Provider Survey

Clinical utility – setting specific rankings:

DE Group	Highest ranked DE	Lowest ranked DE
Continence: bladder	HHA and IRF: *frequency of events* LTCH: *reason for catheter* SNF: *appliance use*	HHA and IRF: *appliance use current setting* LTCH and SNF: *need for assistance*
Continence: bowel	*frequency of events* highest for all settings	HHA, IRF and SNF: *appliance use, current setting* LTCH: *need for assistance*
Pain Interview	*Pain presence* highest for all settings	*Pain interference, other activities* lowest for all settings
SSTI	HHA, IRF and LTCH: *oxygen therapy* SNF: *IV meds*	HHA and SNF: *ventilator* IRF and LTCH: *radiation*

Beta Provider Survey

Assessor and patient burden:

This section focuses on your perceptions of how difficult it was to collect information during the Beta assessment and how burdensome information collection was for patients/residents in your current post-acute care setting. It also asks about the factors that contributed to difficulty in collecting information.

Thinking generally about the data elements within the following categories, how difficult was it for you, as the assessor, to collect information for the following sections of the assessment?

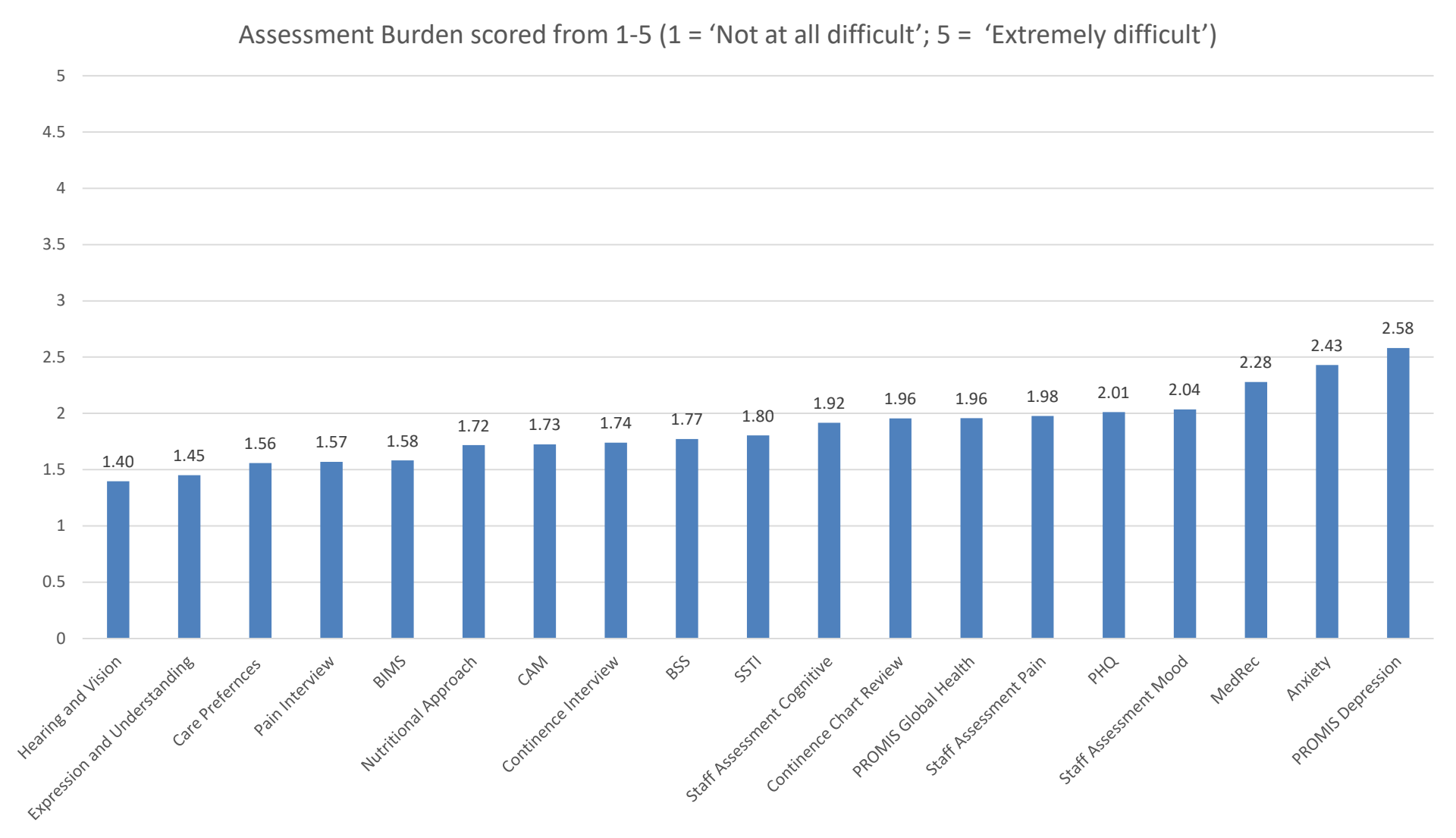
Not at all difficult	Slightly difficult	Somewhat difficult	Moderately difficult	Extremely difficult
☐	☐	☐	☐	☐

Beta Provider Survey

Assessor burden - overall:

- Data element group average ratings ranged from just above *not at all difficult* to just below *somewhat difficult* (1.40 – 2.58)
- Least difficult ratings were for Hearing and Vision (1.40), Expression and Understanding (1.45), Care Preferences (1.56), Pain Interview (1.57), and BIMS (1.58)
- Lowest ratings were for Medication Reconciliation (2.28), PROMIS Anxiety (2.43) and PROMIS Depression (2.58)

Beta Provider Survey



Beta Provider Survey

Assessor burden – setting specific:

- HHA and IRF assessors tended to rate the Hearing and Vision and Expression and Understanding least difficult whereas SNF and LTCH assessors found the Pain Interview, Nutritional Approaches and SSTI less difficult

- Although assessors from all settings rated Medication reconciliation as relatively more difficult to collect, HHA assessors appeared to have less trouble with this data element

Beta Provider Survey

Factors affecting ability to collect information – overall and setting specific:

- Timing constraints (38%) and availability of data (32%) were most frequently endorsed factors overall
- HHA and IRF assessors cited availability of data most frequently whereas LTCH and SNF assessors cited timing constraints

Beta Provider Survey

Patient burden – overall and setting specific:

- Data element group average ratings for patient interview items ranged from right between *not at all* and *slightly burdensome* to *moderately burdensome (*1.59 – 3.05)
- Least burdensome ratings were for Pain Interview (1.59), and Care Preferences (1.59)
- Most burdensome ratings were for PROMIS anxiety (2.92), and depression (3.05)
- Very few differences by setting

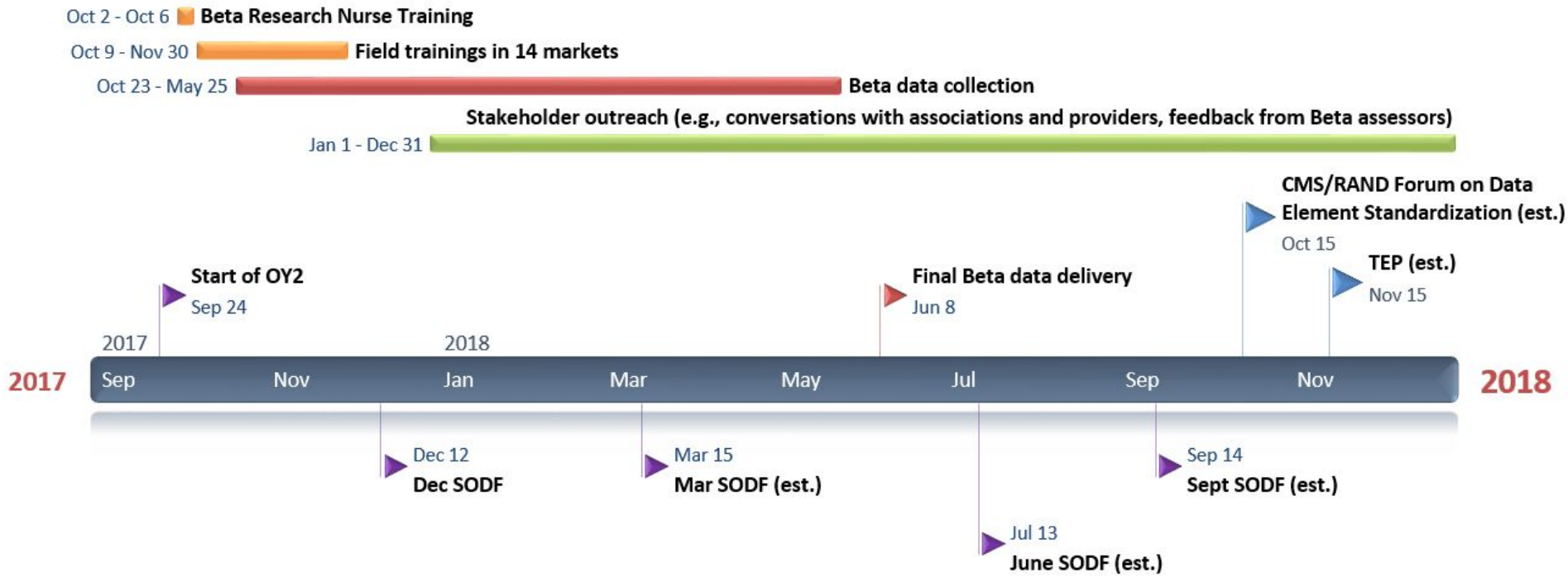
Beta Provider Survey

- These results are preliminary – more detailed results, including feedback from 'free response' questions, may be presented in upcoming SODFs
- We also are holding focus groups with providers to acquire more detail about some of these findings
- Results of the beta provider survey will be included as part of the published report on SPADE beta testing

Upcoming Stakeholder Engagement Activities

- CMS and RAND will host a mini-conference on Data Element Standardization in PAC in late 2018 to discuss findings of testing and stakeholder engagement activities, answer questions, and hear feedback on candidate data elements
  - Mini-conference will provide opportunity for open discussion of candidate data elements with CMS leadership

Milestones Timeline



Points of Contact

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