

Centers for Medicare and Medicaid Services
Special Open Door Forum:
The IMPACT Act and Improving Care Coordination
Moderator: Jill Darling
December 12, 2017
2:00 p.m. ET

Operator: Good afternoon. My name is (Mariama), and I will be your conference facilitator today.

At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum: The IMPACT Act and Improving Care Coordination Conference Call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Mariama). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communication. And welcome to today's Special Open Door Forum.

Before I hand it off, I do have one brief announcement. This Special Open Door Forum is not intended for the press. And the remarks are not considered on the record. If you are a member of the press, you may listen in. But please refrain from asking questions during the Q&A portion of the call. If you do have inquiries please contact us at press@cms.hhs.gov.

And so now I will hand the call off to Charlayne Van.

Charlayne Van: Thanks, Jill. Good afternoon everybody. My name is Charlayne Van. And I am the project officer for this data standardization project under the IMPACT Act here at CMS. And I'm pleased to be joined today by Doctors Maria Edelen and Emily Chen from the RAND Corporation who will be giving us an update on National Beta Test activities as well as plans for ongoing stakeholder engagements.

And at this time, I will turn the call over to Dr. Maria Edelen.

Maria Edelen: Hi, thank you, Chair. Thanks everybody for getting on the line. I'm going to go straight to slide three of the slide deck. Just to remind you that the focus of this Special Open Door Forum is to give you an overview, again, of what we're doing with the standardized data element development for post-acute care.

So we'll give you a really brief update on the National Beta Test activities sort of following along some material that we covered in September. And then I'm going to go into a little bit more detail about our plans for ongoing stakeholder engagement.

So, next slide.

And this is just to orient you, just to remind you that our project goal is to develop, implement, and maintain standardized post-acute care patient assessment data in support of the IMPACT Act. And the project phases have been information gathering which was heavily focused in the first year of the contract, but, as you know continues with our outreach with you all.

We have done some pilot testing which we completed in July of 2017. And we're just now launching a national beta test which will run through May. And our focus is on several clinical categories that are outlined in the IMPACT Act.

So on slide five, just a broad strokes description of our upcoming project activities, as I mentioned we're just launching our national field test which is

testing all of the data elements that have basically survived all of our project activities to date.

We had a lot of different elements that we've been considering. And now we have the sort of final candidate list that we're – we want to see how it goes in this national field test as part of our decision making process. But we're also concurrently, not just trying to gather empirical data but trying to get even more information gathering and consensus building from stakeholders to learn more about your thoughts and suggestions and ideas about the data elements that are being tested.

So, the following slides are going to go in to this a little bit more. But we've got a lot of different activities planned including survey with beta participants and focus groups and also some targeted outreach and this ongoing larger project updates.

Next slide.

So for slide six, this is – what's going on now with the national beta test as you remember, our goal is to test the reliability and the validity of all the candidate data elements and identify a subset of data elements that appear to be the best and the most feasible for standardization in order to meet the requirement of the IMPACT Act. And the empirical data information is going to give us a lot of data to help make this decision.

The field test is taking place over a six month span starting in November as to where we're actually launched, but mostly just training and doing practice assessments and getting up to speed. But we'll be starting to collect data in earnest probably after the holidays.

And this is happening in 14 geographic areas which were randomly selected. And then the eligible providers within those areas were also randomly selected and invited to participate.

And just as a reminder, the data element categories are on slide seven that we're considering are focused on cognitive status, mental status, pain,

impairments, special services, treatments and interventions and a handful of other categories including care preferences, global health, and medication reconciliation.

Slide eight just shows a national map with dots for all of the different facilities and agencies that have been recruited for participation in the beta field test.

As you can see, we have representation of all the four post-acute care types. And even though it does look a little bit concentrated on the east coast, these areas were randomly selected. We were kind of disappointed not to get anybody in the northwest, but this was just sort of how the areas panned out when we selected them.

So just to give you a little update on the recruitment activities on slide nine, we've successfully recruited 172 facilities and agencies. We were hoping to get up to 210.

It's been challenging. It's a heavy lift for a lot of the providers that we're reaching out to or feeling like they don't have the appropriate staffing or just feel like it's a little bit too much for them. But a lot – I mean a lot of people are really, really interested in getting involved. And so we do have the 172.

And we were scheduled to be done with all the training and recruitment at this point. But wanted to get give one last push recruitment effort and we're going to do one more round of training at the end of January.

So, people, we're recruiting facilities and agencies across all 14 markets but we're going to have like regional trainings. And so the staff who will be doing the assessments from each facility will actually be traveling to a regional training in January – at the end of January for this last round. And we're hoping to get, you know, closer to our 210 goal with this last push.

So on slide 10, you can just see by the numbers. We have a targeted number of patients per facility or agency is 30 for the long-term care hospitals and in-patient rehab facilities, and then 25 for skilled nursing facilities and home health agencies. And then we have a target number of facilities and agencies

per setting. And then you can see the extent to which we've met or not met our goals in each of those settings.

And just a reminder that the beneficiaries within each setting who will be selected for participation will be Medicare only or duly eligible beneficiaries that are admitted to the participating providers during the field periods.

Slide 11, all starts to talk about the stakeholder engagement activities. So in the first half of 2018, we're looking forward to spending a fair amount of time talking to stakeholders to hear ideas for data element standardization in post-acute care and continue to listen to people's concerns about the standardization.

So we're going to do this in two main ways. First, we may be making presentations on this work at a few of the major conferences. So you might see us out and about on the road. And stay tuned for more details on that.

We're also going to be looping back to individuals and organizations who have contributed comments on this work so far and talking to a sample of these folks individually or in small groups to keep us tuned into current feelings about the challenges and opportunities for standardization.

So far in the contract, we've been really fortunate to have received a lot of feedback from the PAC provider community. This feedback has helped to shape the direction of this work. And we're looking forward to more direct engagement with stakeholders in the winter and spring.

We'll also be doing some targeted outreach to advocates for special populations over the summer. There are limits to what's possible to accomplish within our current scope of work. But we're really interested in hearing ideas for future directions such as ways that can be tweaked or extended to provide maximum benefit to patients.

On slide 12, another activity we're excited about is this mini-conference that we're planning. It's a half day in-person event hosted at CMS. And it's going

to take place about a year from now in the fall of 2018. And at that point, we'll be able to provide a lot of updates on the work.

This will be after a lot of the beta – data has come in and has been analyzed. And we'll also be able to field questions and comments about the refined set of candidate data elements that we've whittled ourselves down to at that point.

We don't have a date for this yet but we'll be promoting this opportunity broadly once the details are worked out.

And on slide 13, the last main stakeholder activity that we plan to accomplish this year is focused on the patient and provider experience of the beta assessment. So through a survey and then follow up focus groups, we want to understand how the beta items that we're testing right now, how did they work for the assessors in the facilities and agencies, how did they work for the patients that were enrolled.

And we also really want to hear feedback on what we need to do to make them work better. So part of the focus of this track of work will be on work flow within the different settings and what are the relative challenges in the different settings. The insight of the – on the ground assessors will be something that we'll take in to account when identifying a final set of standardized patient assessment data elements to propose.

So, slide 14, it describes more about the survey of the Beta assessors. All of the – what we're going to ask for all of the Beta assessors to complete a survey about their experience and their opinions on each of the items. So we'll ask them how burdensome was it, how did it feel clinically relevant for you and for your patients or residents and was it feasible, did it take a long time. And we're also going to ask the Beta assessors to convey the patient's experience with the candidate data elements.

And then we're anticipating that we'll get a lot of information from this survey and that some of the information will invite us to dig a little bit deeper. And so we were –we're hoping to conduct – or planning to conduct some follow up focus groups with some of the assessors in the Beta test to dig a little bit

deeper on some of the comments that we learned from – learned about in the survey.

So, slide 15 is just really a timeline for the national data element testing events. So, as we said the data collection started early last month. And it's going to run through May of 2018. And we just posted the protocols on the CMS website which is really exciting.

So if you go to the IMPACT Act page on CMS there's a special place – there's IMPACT Act of 2014. And then there's a link to IMPACT Act Standardized Assessment National Testing. And if you go to that page at the bottom, there are several PDF downloads. And the Beta test protocols are all there.

There's one protocol for the non-communicative data elements, there's a small subset. And then there's the admission data – the admission beta assessment and also the discharge. And there are a couple of other downloadable forms on that page as well.

So definitely go and visit that if you're interested to see what's still being considered for standardization.

The beta provider survey is going to be conducted in March. And then we'll be doing some analysis on those and creating protocols for focus groups which we will conduct in June and July. And then we're hoping to have a summary report of all of these activities in the winter of 2018 and 2019.

On slide 16, as far as the stakeholder engagement events and dates, we're doing – we just published a public comment report to the CMS website or maybe it's about to be published. Actually we need to check on that. But that's happening soon, if not already.

Today, we're having the Special Open Door Forum. And we're going to start our outreach to post-acute care stakeholders soon or after the holidays. And that will run through the summer. And in the winter of 2018, we're also starting a data element standardization fact page which we've been working on and are iterating back and forth with CMS to get the right frequently asked

questions and answers. And once we get that worked out, we're going to post that to the CMS website as well.

We'll continue to have these quarterly Special Open Door Forums in March and June. And that will give us an opportunity to reach out to you with the latest information that we've gleaned through our activities.

We're also going to hold a series of targeted webinars as we mentioned earlier. And that's going to happen in the summer of 2018. And in the fall, we're going to have the stakeholder forum on post-acute care data elements standardization that's going to be hosted by CMS. And in November of 2018, we're going to bring this – all of this finding to our technical expert panel and get their input on future directions.

Slide 17 shows this all in a timeline. I don't think that there's anything original here, except that we're planning to get the data from the Beta test in early June. And so we'll be doing analysis. And we'll have some preliminary insights into the performance of the different data elements in the summer and early fall.

And I think that's basically it for now. And I was hoping that we would finish early so we would have a lot more time for question and answer. As always, if you want to contact us you can send questions directly to the CMS IMPACT mail box. And you can also contact my – the team at RAND that's doing the item development for general information and that's IMPACTAct@RAND.org.

Thanks. I think we're ready for questions.

Jill Darling: All right. Thank you, Maria. (Mariama), please open the lines for Q&A please.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question please press star then the number one on your telephone keypad. If you would like to withdraw your question please press the pound key.

Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may press star one again to rejoin the queue.

Your first questions comes from the line of (Samantha Colby) from (Spalding). Your line is open.

(Samantha Colby): Hi. I was wondering if you could please elaborate and maybe provide some examples for how the findings on this Beta test will impact the final measures. I asked because, for example, the drug regimen review questions from the alpha one test showed poor reliability and high burden but they still ended up in the LTAC care data set. Thank you.

Tara McMullen: Hi, (Samantha), I'ts Tara McMullen, senior analyst in the Division of Chronic and Post Acute Care here. Thank you for your question.

So at this time, we are in a exploratory phase testing in the national test, items that could be incorporated into the assessment instruments. As you know we're testing these items for item standardization. And the data elements can be used for multiple things such as quality measures, risk adjustment, payment. But at this time, there are no plans to finalize any of the measures that are being tested.

For future trajectory, if we were to finalize any of the items that we are testing, of course we would need to think through the use of those items as it, you know, pertains to double documentation, say like you're testing a pain items and there are similar pain items in the assessment instrument, of course we're going to have this on set one of those items, because that only it would make analytical sense and administrative sense. So, that's pretty much it.

Right now, we're on exploratory phase and there are no plans to update any of the measures right now base on this data elements standardization work.

(Samantha Colby): OK. Thank you.

Operator: Your next question come from Sarah Warren from ASHA. Your line is open.

Sarah Warren: Hi. Thank you for taking my question. I noted that you wanted to do making engagements at various conferences. Are you seeking out those opportunities independently or like if our organization is interested of having you do a webinar or presentation on this, is that something that you would potentially consider?

Tara McMullen: Hey, Sarah. It's Tara McMullen. On behalf of Maria and myself, we would love to interface with ASHA and any other organizations that would like to discuss this work. So, if you want to send us an e-mail, we would happy to have that discussion with you on how we can discuss the work, the trajectory and your questions with your membership.

Sarah Warren: Great. Thank you.

Tara McMullen: Thank you.

Operator: Your next question comes from David Brown from Sharp Health Care. Your line is open.

Your next question comes from Kate Stinneford from AAPM&R. Your line is open.

Kate Stinneford: Thank you. I have the same question with the woman from ASHA. So, I'll probably I'm asking you also. But I wanted to find out in general how can we make sure that we are aware of any of these conferences or the other survey activities that you're going to be carrying on over this coming year.

Tara McMullen: Hi Kate. On behalf of Maria and Char and our entire team Emily, thank you, please reach out to us and we will find a way to interface again with your membership. And we will be posting as Maria alluded to, I think it was like around slide 11. We're going to be updating our website. Maria gave the link from the IMPACT Act webpage.

We will list our speaking engagements so everyone is fully aware of where we are and what we're doing in an effort to be fully transparent with our consensus vetting processes.

Kate Stinneford: OK.

Tara McMullen: So stay tuned.

Kate Stinneford: There's a ListServe to sign up for then?

Tara McMullen: I don't believe that there's a Listserv. I have my communications lead here, but she doesn't have a voice right now. But we could work that out, you know.

Female: No.

Kate Stinneford: OK.

Tara McMullen: No. There's Listserv at this point but, you know, we – not for this work. But we'll work out a way that maybe folks can be updated, maybe e-mailed last or something. We can work that out.

Kate Stinneford: OK.

Tara McMullen: We'll talk about it.

Kate Stinneford: Thank you.

Tara McMullen: Thank you, Kate.

Operator: Again, it is star one on your telephone keypad to ask a question. Your next question comes from Andrew Baird from HealthSouth. Your line is open.

Andrew Baird, your line is open.

Andrew Baird: I apologize. I was mute from my phone. Sorry about that.

Thanks for taking the call today. My question is just about the timeline that was presented and maybe I guess the next step after that. It looks like this timeline I guess terminates with, you know, the end – meeting at the end of 2018.

In terms of providers seeing these items implemented onto their various patient assessment instruments, is there a hard and fast date by which CMS is required to do that, or is there's something that could play out over, you know, one or two years after that TEP occurs? Thanks.

Tara McMullen: Hey Andrew. It's Tara. Thanks for your question.

There is at this point in time not a hard and fast dates in which CMS is required to have final data elements in production phase. As you know we were to have the data elements ready by the specified application date of 2018.

And as everyone on the call, I'm sure is aware we have proposed – we have proposed in last year's fiscal rules items to be standardized. And we chose not to finalize or adapt those proposals. Because we heard what everyone was saying it's too soon, too much, too fast.

So at this time, we're taking a very deliberate approach to make sure that we have appropriate and testing consensus setting activities completed and that we're listening. And at this time, with those activities and in consultation with our lawyers, there is no hard and fast date by which CMS is required to have final data elements in the assessment instruments.

Andrew Baird: Great. Thanks. I know that in you – in the rule that you're referencing and just to follow-up, it said that there were, you know, that CMS would be thinking about being that no later than F.Y. 2020. And that date was a date that I wasn't familiar with from the IMPACT Act. But it sounds like you are all confident that you have flexibility sort of after you feel comfortable with where these items are.

Tara McMullen: Yes. I think we put that date in. And I imagine that's still the targeted date. I'm not sure if it's all about the flexibility rather than making sure we have the right work, that we have the right items that we're not increasing administrative burden by choosing a lot of items, and that we've just get it right. I hope that helps.

Andrew Baird: Great. Thanks.

Tara McMullen: So the timelines are important, but really the work is the (mantle) piece on that.

Andrew Baird: Right. And I'm looking at this timeline here, you know, it's just – it ends with the TEP meeting. And for us, you know, for providers it seems like, OK, well, we expect to also to see this, you know, not that because it's just going to end with a TEP meeting that we're going to actually see this in the implementation forms after that occurs at some point.

Tara McMullen: Yes. You know, we will. So, like Maria alluded to, we posted the Beta protocols. So those are like the mockup of what we're testing. Go take a look that from the IMPACT Act page and you will see what we're looking at for our national test.

When we get to the point, the intent is for us to really be open and transparent in this process like we've done in the PAC-PRD. So when we get to the point, probably later 2018 where we kind of are started into the data and we're getting familiar of what's coming in. We will talk to in that CMS conference that Maria also spoke to. We'll talk to what we're thinking a little bit at that point.

So that, you know, it's no, hey surprise, here's a rule. It won't be that approach. That's no the intention this time. The intention is to make sure that we receive a lot of feedback, we're thinking this through. And by the time we do end up proposing if we do propose anything that it will be a very comfortable proposal.

Andrew Baird: Great. Thanks for the clarification.

Tara McMullen: Thank you.

Operator: Your next question comes from (April Mundy) from (John Rural Health). Your line is open.

(April Mundy): Hi. Thank you. Actually, my question was answered with Andrew's question. I appreciate that. Thank you.

Operator: There are no further questions at this time. I will now return the call back over to the presenters.

Jill Darling: Maria, do you have any closing remarks?

Maria Edelen: Well, since I've been invited, I'll just say that we're really – we've been thinking a lot about how to keep all of you engaged and informed. And we hope that this sounds good to you. We don't want to do this without you. We want to do this all together and be completely transparent, but also learn from you about what's going to be meaningful for you and your patients and residents.

So I hope that this was informative and of course don't hesitate to follow-up if any questions come up after this call. We're happy to address them as they come in. And happy holidays, everybody.

Tara McMullen: And, oh, I got the point. Thank you, Maria. And this is Tara McMullen. And I want to echo what Maria just pointed to. And Andrew and (April), what you asked, if you guys want to hear from us and learn more about this process, or if there are ideas that you may have that may help us be more transparent and open with this work, please reach out. We are happy to hear from you and to have this conversations pertaining to how we can improve our processes.

So thank you. And thank you to Maria and Emily in the RAND team. And thank you to (Char).

Operator: Thank you for participating in today's Centers for Medicare and Medicaid Services Special Open Door Forum, the IMPACT Act and Improving Care Coordination Conference Call.

This will be available for replay beginning today, December 12th at 5:00 p.m. to December 14th at midnight. The conference I.D. for the replay is 9097749. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

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