

Programs of All-inclusive Care for the Elderly: Level II External Reporting Guidance

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Overview

- Background
- Reporting process
- Incidents and reporting thresholds
- Case study examples
- Quality assessment and performance improvement (QAPI)
- Future directions
- Summary

BACKGROUND

Background

- Guidance not updated since 2004
- New Level II Guidance provides
 - More clarity--clearer data definitions and timeframes
 - Examples of Level II Reporting

Background (cont' d)

- New Level II Guidance provides
 - An opportunity for discussion with Account Managers before reporting
 - Additional mechanism for reporting certain categories:
 - ▶ Loss of functional status determined >48 hours after an incident

Background (cont' d)

- Level II Reporting Guidance released in October 2010
- Implementation date is January 4, 2011
- Will be provided training on new Level II Guidance in December
- Examples of some of the training slides are included in this presentation

Background (cont' d)

- Purpose of reporting protocols is to assess and monitor our program
- Goal of reporting is to identify strengths and weaknesses for continuous quality improvement
- Ultimately the care and health outcomes are improved for the patients

DEFINITIONS

Definitions

- Overview of Level I Reporting
 - Definitions
 - Process
- Level II Reporting compliments Level I
 - Definitions
 - Process

Level I Reporting

- Quality indicators reported by PACE Organizations via HPMS
 - Routine Immunizations
 - Grievances and appeals
 - Enrollments/Disenrollments
 - Prospective enrollees

Level I Reporting (cont' d)

- Readmissions
- Emergency (unscheduled) care
- Unusual Incidents
- Deaths

Level I Reporting (cont' d)

- Data are aggregated by reporting element
- HPMS database is monitored regularly by Central Office, Regional Office (RO) & State Administering Agency (SAA)
- Data are used to identify opportunities for Quality Improvement

Level II Reporting

- Alerts CMS of any unusual incident resulting in:
 - Serious adverse participant outcomes
 - Negative national/regional notoriety related to PACE program
- Requires internal investigation and analysis of the event
 - Identify system failures
 - Identify opportunities for quality improvement

Level II Reporting (cont' d)

- Incidents reported based on specific time frames to PACE mailbox
 - pace@cms.hhs.gov
 - Copies should be sent to Regional Office and the State Administering Agency (SAA)
- Method of reporting enhances quality assurance and risk management activities
 - CMS and SAA can monitor the PACE Organization's quality of care and risk reduction efforts

INCIDENTS AND REPORTING THRESHOLDS

Incidents & Reporting Thresholds

- Important to differentiate from Level I
- 17 Incident-specific thresholds
- For incidents meeting the threshold, reporting to CMS is required within 48 hours of the Interdisciplinary Team (IDT) being notified

Incidents & Reporting Thresholds (cont' d)

- Most of the incidents will require a root cause analysis (RCA)
- After consultation with the Regional Office may decide to conduct a less rigorous internal investigation
- Described in detail in Table 1 of the guidance on pages 5 to 7
- Appendix B provides specific examples

Incidents & Reporting Thresholds

Examples

Incident

Death

Thresholds

- Unexpected outcome
- Suicide
- Homicide
- Unexpected and with active coroner investigation

Incidents & Reporting Thresholds

Examples (cont' d)

Incident

Falls

Thresholds

- Resulted in
 - Death
 - Injury with hospitalization for 5 days or more
 - Injury with expected permanent loss of function determination made within 48 hours

Incidents & Reporting Thresholds (cont' d)

- Additional reporting:
 - Federal requirements such as the Food and Drug Administration's (FDA) MedWatch program
 - ▶ Equipment-related failure
 - ▶ Adverse drug reaction

Incidents & Reporting Thresholds (cont' d)

- Additional Federal and State reporting requirements may be needed related to foodborne or infectious disease outbreaks

LEVEL II REPORTING PROCESS

Reporting Process

- Incident occurs
- PACE Organization(PO)determines incident meets Level II reporting threshold
- Notifies and convenes IDT
- Within 48 hours of IDT notification, PO reports to CMS CO, RO, and SAA

Reporting Process (cont' d)

- Begin Root Cause Analysis (RCA)
- Complete RCA within 30 days
- Conference call scheduled with CO to discuss findings
- PO presents case summary on conference call

Reporting Process: Case Summary

- Care history summary
- Description of the patient
- Pertinent diagnoses
- Participant's involvement in the program
- IDT concerns related to the patient prior to the event

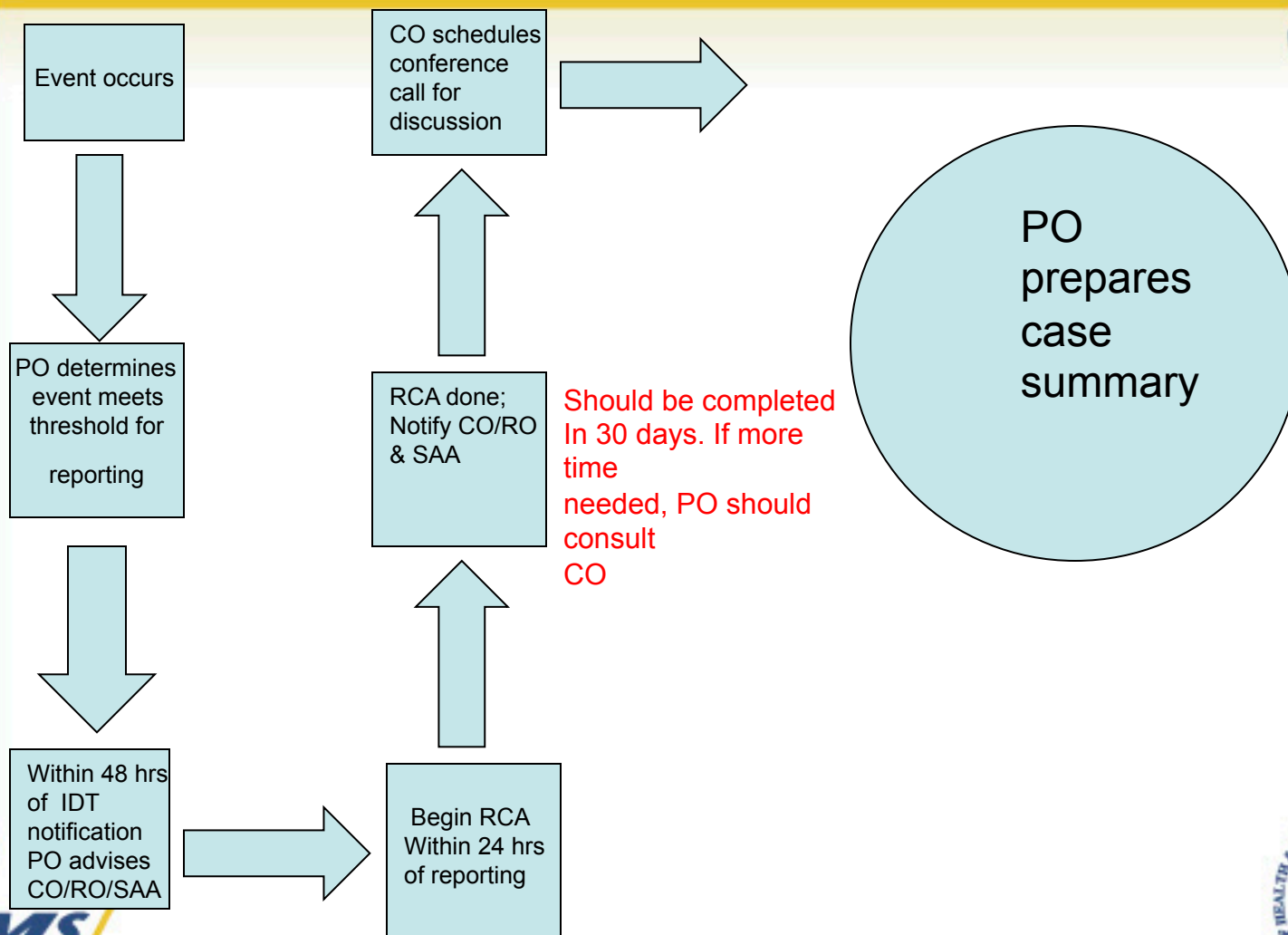
Reporting Process: Case Summary (cont' d)

- Summary of the incident
- Precipitating or contributing factors
- Participant's actions/involvement surrounding the event
- Immediate actions taken
- Participant's status

Reporting Process: Case Summary (cont' d)

- Description of relationship with contracted facility and/or services
- Compliance with PO' s policies and procedures
- Identification of risk points
- Proposed areas for quality improvement

Reporting Process: Flow Chart



CASE STUDY EXAMPLE

Case Study: Background

- 80 year old female participant, Mrs. D, fell at home on a Monday evening.
- She lives alone and was unable to get up to walk.
- Mrs. D was found on the floor by the PACE home health aide who arrived Wednesday morning to deliver personal care.

Check Point #1

- What are some of the clinical and social factors that we might want to consider here for Mrs. D?
- Who should be notified at this point?

Response to Check Point #1

- Consider re-assessing Mrs. D' s medications, social support, and care plan.
- Mrs. D may need to come to the PACE Center daily.
- Notification of the IDT should occur.

Case Study (cont' d)

- Mrs. D was transported by EMS to the Emergency Department, where x-rays revealed a right femoral neck fracture.
- She had no history of falls.
- At the time, no precipitating cause was identified for leading to her fall.

Case Study (cont' d)

- Mrs. D had surgery the next morning.
- She developed post-op complications.
- However, Mrs. D was discharged 8 days later to a skilled nursing facility.

Check Point #2

- Does Mrs. D' s case require Level II Reporting?
- If so, why?
- If not, why?

Response for Check Point #2

- Yes, Level II Reporting is required.
- PO should notify CO, RO, & SAA via e-mail within 48 hours of the reporting threshold for the fall with a hospitalization.
- Mrs. D was hospitalized for 8 days, and her situation becomes a Level II incident on the 5th day of hospitalization.

Case Study (cont' d)

- Mrs. D is expected to have a full recovery from her fall.

Check Point #3

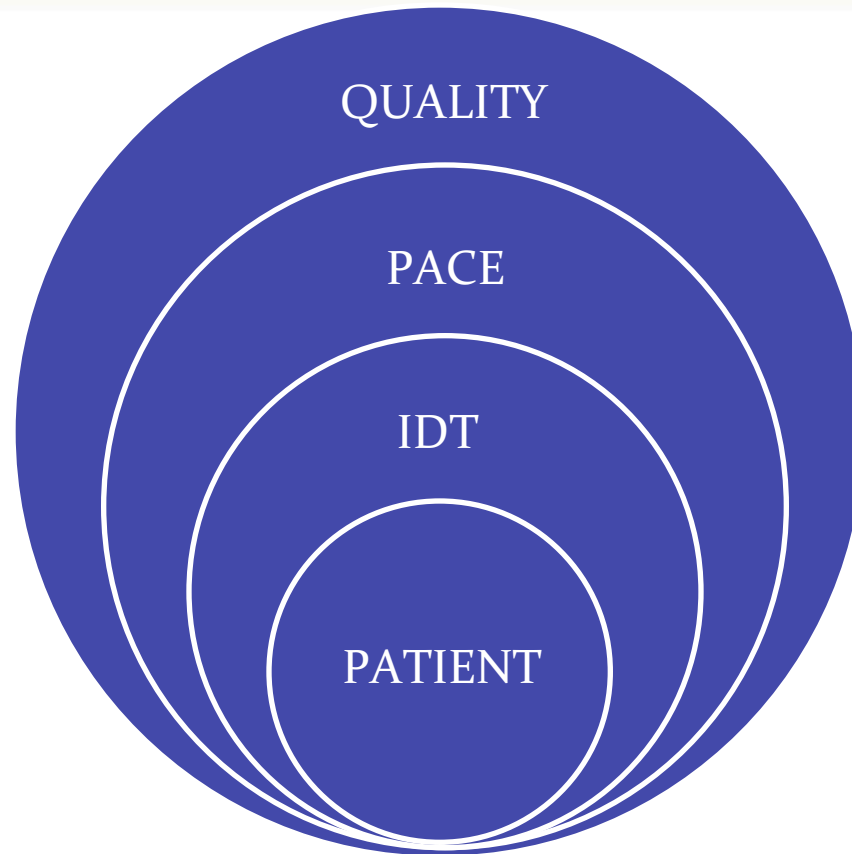
- Does the good prognosis for Mrs. D change the threshold for reporting?

Response for Check Point #3

- No, reporting is still required.
- However, there is no additional threshold related to expected permanent loss of function.
- RCA should be done.
- PO conference call identified several areas for quality improvement.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI)

Quality is Multidimensional



Quality Improvement

- Level I and Level II reporting incidents should be seen as areas for implementing quality improvement protocols and procedures.
- In the case study examples, potential QAPI opportunities existed.

FUTURE DIRECTIONS

Future Directions

- Conduct training on Level II reporting using the case study methods in December
- Provide on-going assessment and evaluation of reporting requirements
- Revise as appropriate
- Develop future guidance as needed

SUMMARY

Summary

Key importance of Level II Reporting is to establish our accountability and responsibility for improving the quality of the PACE experience for all of our patients.

Acknowledgments

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Thank you!