IMPACT Act: A Strategic Approach for Enabling LTPAC HIT and Interoperability

LTPAC HIT Summit

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Overview: Enabling LTPAC HIT and Interoperability

- Background for Data standardization
- Current State – IMPACT Act of 2014
- Strategy for Quality Measurement
- CMS Assessment Data Element Library
- HIT Standardization

Data Assessment Elements Goal

When we keep in mind the ultimate goal of

quality care for all

and step back to look at the big picture of what's been done to prepare, it becomes clearer where the work converges; how much of the work is connected and has already been done to achieve

quality care for all

Achieving Uniformity to Facilitate Effective Communication for Better Care of Individuals and Communities

Background: PAC-PRD and the CARE Tool

- **2000: Benefits Improvement & Protection Act (BIPA)**

  Required the Secretary to report to Congress on standardized assessment items across the Medicare program.

- **2005: Deficit Reduction Act (DRA)**

  Mandated the use of standardized assessments in the Post-Acute Care Payment Reform Demonstration (PAC-PRD) which included a component testing the reliability of the standardized items when used in each Medicare setting

- **2006: Post-Acute Care Payment Reform Demonstration requirement**

  Data to meet federal HIT interoperability standards

Guiding Principles and Goals:

Assessment Data that is:

- **Uniform**
- **Reusable**
- **Informative**

Uniformity

- Increases **reliability and validity**
- **Data can follow the person**
- Facilitates patient centered care, **care coordination,** improved outcomes, and efficiency

Can help achieve data use that can:

- **Communicate** in the same language **across settings**
- **Ensure data transferability** of clinically relevant information forward and backward allowing for **interoperability,** ensuring care coordination

Goals that standardization can enable:

- Fostering seamless **care transitions**
- Evaluation of outcomes for patients that traverse settings
- **Measures that can follow the patient**
- Assessment of quality across settings
- **Reduction in provider burden**

Standardized Assessment Data Elements

One Question: Much to Say

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.

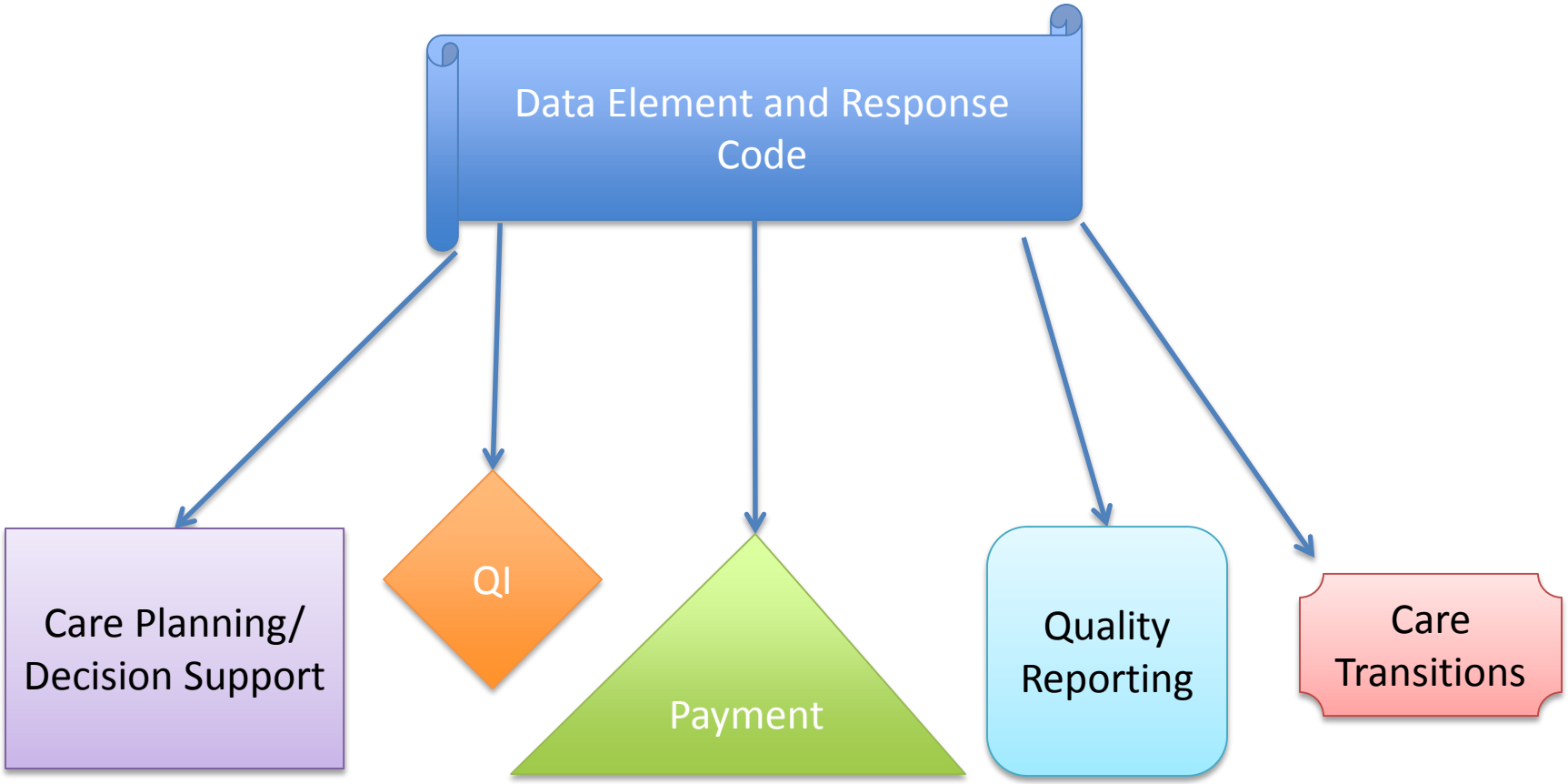
07. **Patient refused**
09. **Not applicable**

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.

One Response: Many Uses



More About CARE

- Data collection using the CARE Item Set occurred as part of the Post Acute Care Payment Reform Demonstration and included 206 acute and PAC providers

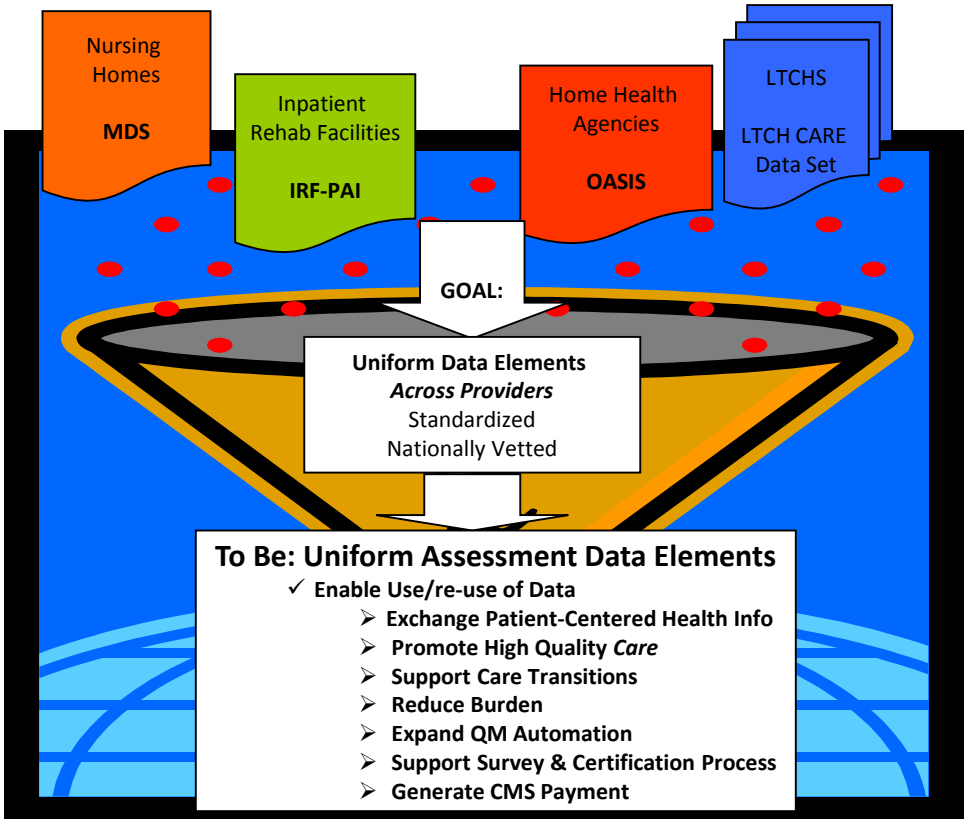
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE.html

Current State

Data, Document and Transmission: A value stream for convergence

- **Patient and Resident Assessments uniform only at the provider- type level**
- Communication **not standardized**
- Care Communication: **Gap**
- Providers **double document/triple document**
- Assessment Data **not interoperable**
- **Data elements** don’t map exactly across settings
  - **Reliance on cross walks**
- **Quality measures only measure quality in one setting**
- Quality Measures lack harmonization

As Is: Multiple Incompatible Data Sources



IMPACT Act of 2014

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

- Bi-partisan bill introduced in March, U.S. House & Senate.
- Requires:
  - standardized patient assessment data to create uniformity and compare quality across PAC settings; and
  - standardized and interoperable patient assessment data to allow for the exchange of such data among PAC and other providers to facilitate:
    - Quality care and improved outcomes
    - Improve discharge planning
    - Facilitate care coordination across the care continuum

Requirements for Standardized Assessment Data

- IMPACT Act added new section 1899(B) to Title XVIII of the Social Security Act (SSA)
- Post-Acute Care (PAC) providers must report:
  - Standardized assessment data
  - Data on quality measures
  - Data on resource use and other measures
- The data must be standardized and interoperable to allow for the:
  - Exchange of data using common standards and definitions
  - Facilitation of care coordination
  - Improvement of Medicare beneficiary outcomes
- PAC assessment instruments must be modified to:
  - Enable the submission of standardized data
  - Compare data across all applicable providers

IMPACT ACT: Standardized Patient Assessment Data

- **Requirements for reporting assessment data:**
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions
  - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required
- **Data categories:**
  - Functional status
  - Cognitive function and mental status
  - Special services, treatments, and interventions
  - Medical conditions and co-morbidities
  - Impairments
  - Other categories required by the Secretary

Use of Standardized Assessment Data:
HHAs: no later than January 1, 2019
SNFs, IRFs, and LTCHs: no later than October 1, 2018

IMPACT ACT: Quality Measure Domains

- **Requirements:**
  - Measures must be uniform/standardized across the 4 settings
  - Measures will be risk adjusted, as determined appropriate by the Secretary
- **Domains:**
  - 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 the existence of and providing for the transfer of health information and care preferences

IMPACT Act: Resource Use and Other Measures

- Resource use and other measures will be specified for reporting, which may include standardized assessment data in addition to claims data.

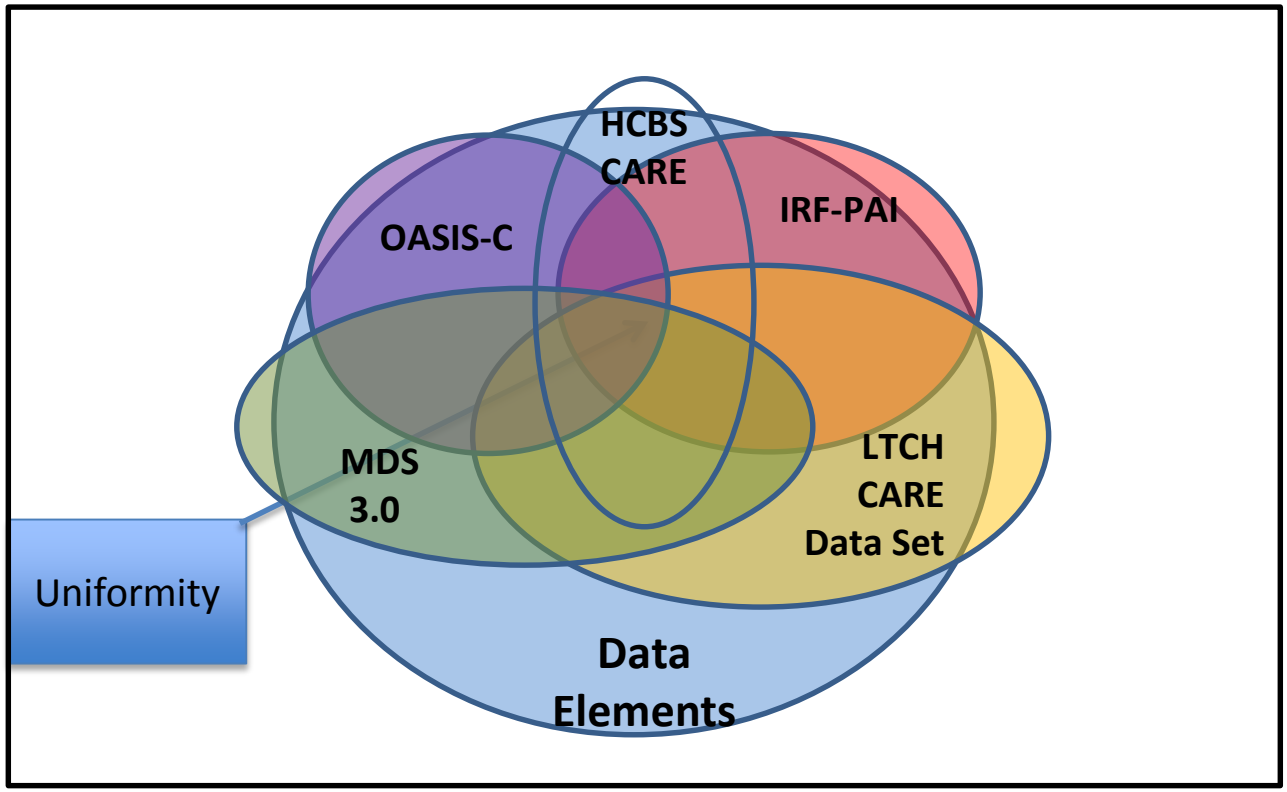
- Resource use and other measure domains include:
  - Total estimated Medicare spending per beneficiary
  - Discharge to community
  - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

IMPACT ACT:

Specified Application Dates	SNFs	IRFs	LTCHs	HHAs
Quality Measures				
Functional Status/Cognitive Function/Changes in Function/Cognitive Status	10/1/16	10/1/16	10/1/18	1/1/19
Skin Integrity/Changes in Skin Integrity	10/1/16	10/1/16	10/1/16	1/1/17
Medication Reconciliation	10/1/18	10/1/18	10/1/18	1/1/17
Major Falls	10/1/16	10/1/16	10/1/16	1/1/19
Accurately communicating existence of and providing for transfer of health information and care preferences at times of transitions	10/1/18	10/1/18	10/1/18	1/1/19
Resource use and other measures :Total estimated Medicare spending per beneficiary ;Discharge to community; Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates	10/1/16	10/1/16	10/1/16	1/1/17
Reporting Requirements				
Standardized patient assessment data: Data categories: Functional status, Cognitive function and mental status, Special services, treatments, and interventions, Medical conditions and co-morbidities, Impairments, Other categories	10/1/18	10/1/18	10/1/18	1/1/19

Definitions of Concepts

Data Standardization: Achieving Uniformity



IMPACT Act: Measurement Implementation Phases

Selection of Quality Measures and Resource Use and Other Measures

(1)Measurement Implementation Phases

(A)Initial Implementation Phase

(i) measure specification

(ii) data collection

(B) Second Implementation Phase – feedback reports to PAC providers

(C) Third Implementation Phase – public reporting of PAC providers' performance

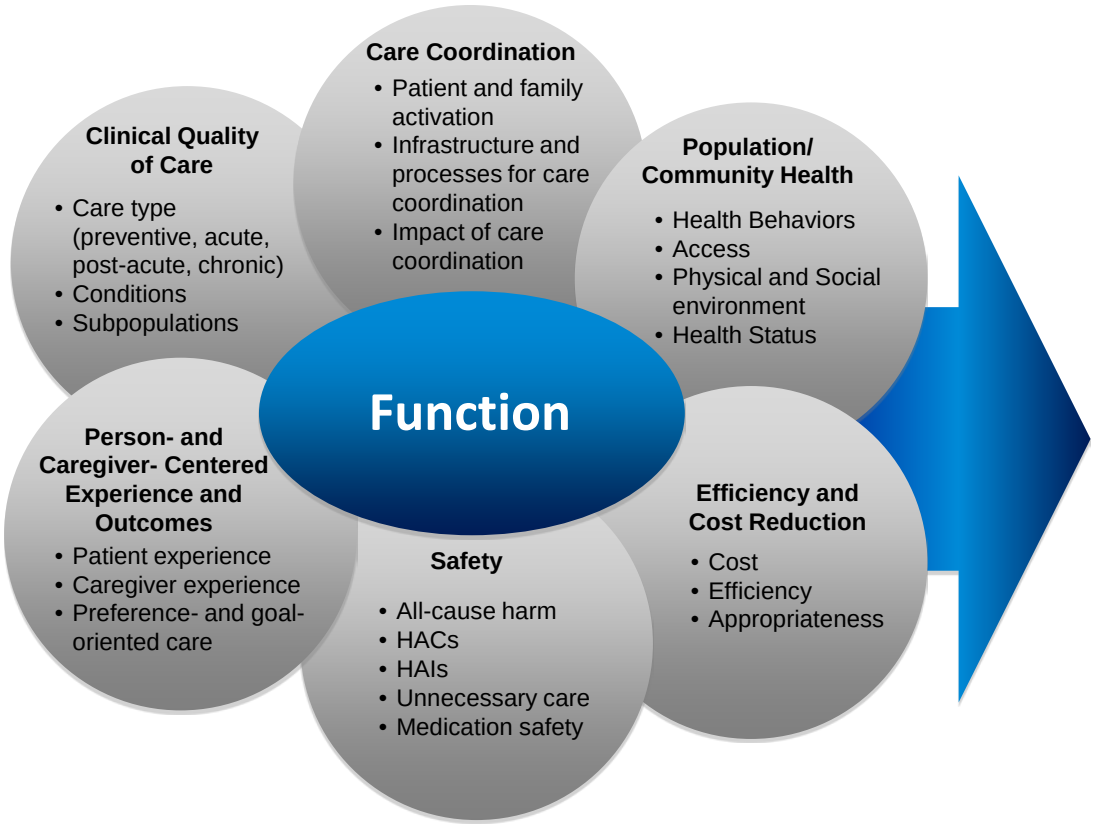
(2) Consensus-based Entity

(3) Treatment of Application of Pre-Rulemaking Process

CMS Vision for Quality Measurement

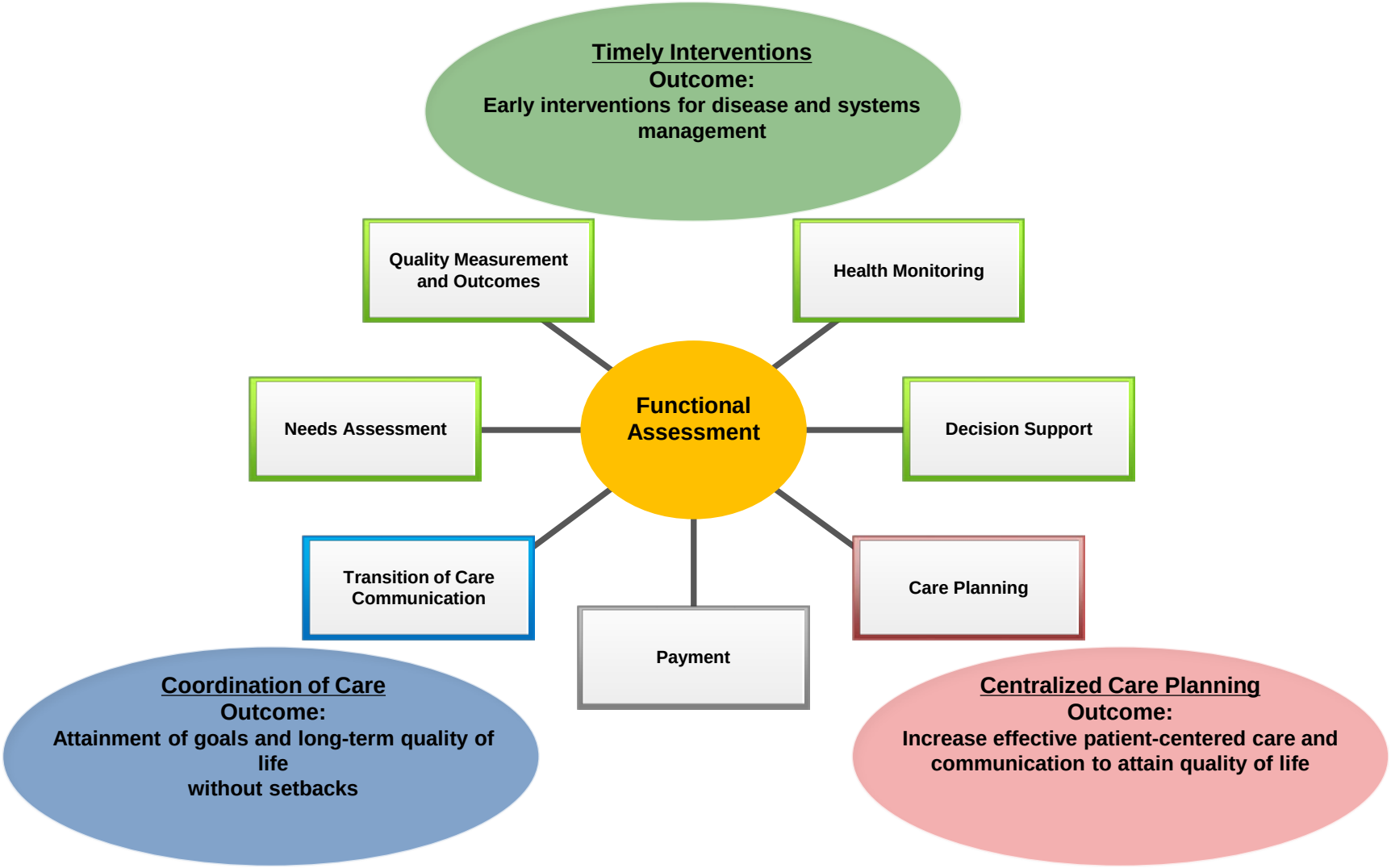
- Align measures with the **National Quality Strategy and Six Measure Domains**
- Implement measures that **fill critical gaps** within the six domains
- Develop parsimonious sets of measures - **core sets of measures**
- Remove measures that are no longer appropriate (e.g., topped out)
- Align measures with external stakeholders, including private payers and boards and specialty societies
- Continuously improve quality measurement over time
- **Align measures across CMS programs whenever and wherever possible**

CMS Framework for Measurement



- **Measures should be patient-centered and outcome-oriented whenever possible**
- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

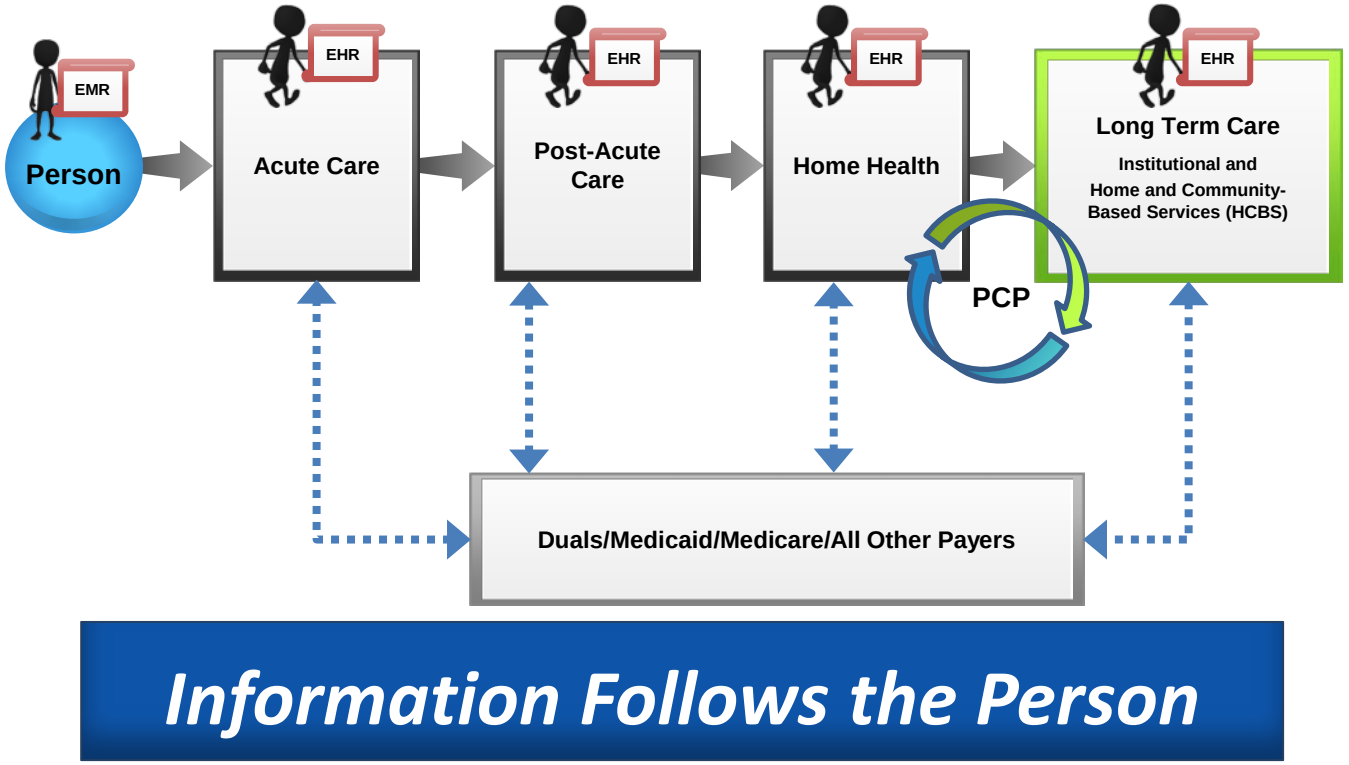
Quality Measurement: Objectives



Keeping in Mind, the Ideal State

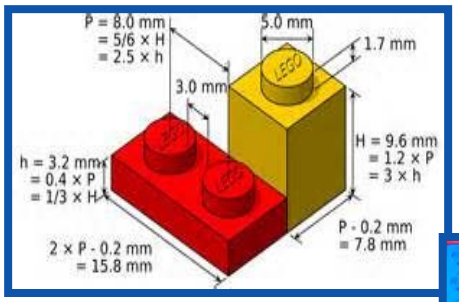
- Providers transmit electronic and interoperable Documents and Data Elements
  - **Provides convergence** in language/terminology
  - Data Elements used are **clinically relevant**
  - Care is coordinated using **meaningful information** that is spoken and **understood by all**
  - Measures **can evaluate quality across settings and** evaluate **intermittent and long term outcomes**
  - **Measures and data can follow the person**
  - **Incorporates** needs **beyond the "traditional" healthcare system**

Standardization and Interoperability: Future State



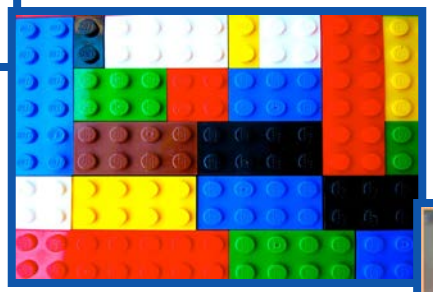
Library: HIT Exchange Standards

Please Pass the Legos:

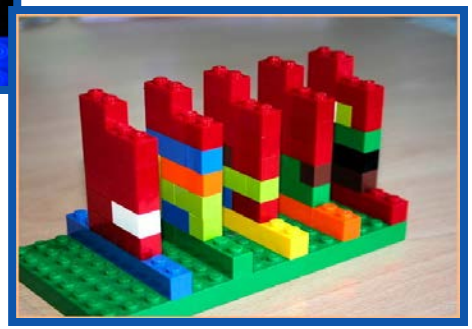


Standardized

Detailed



Reusable

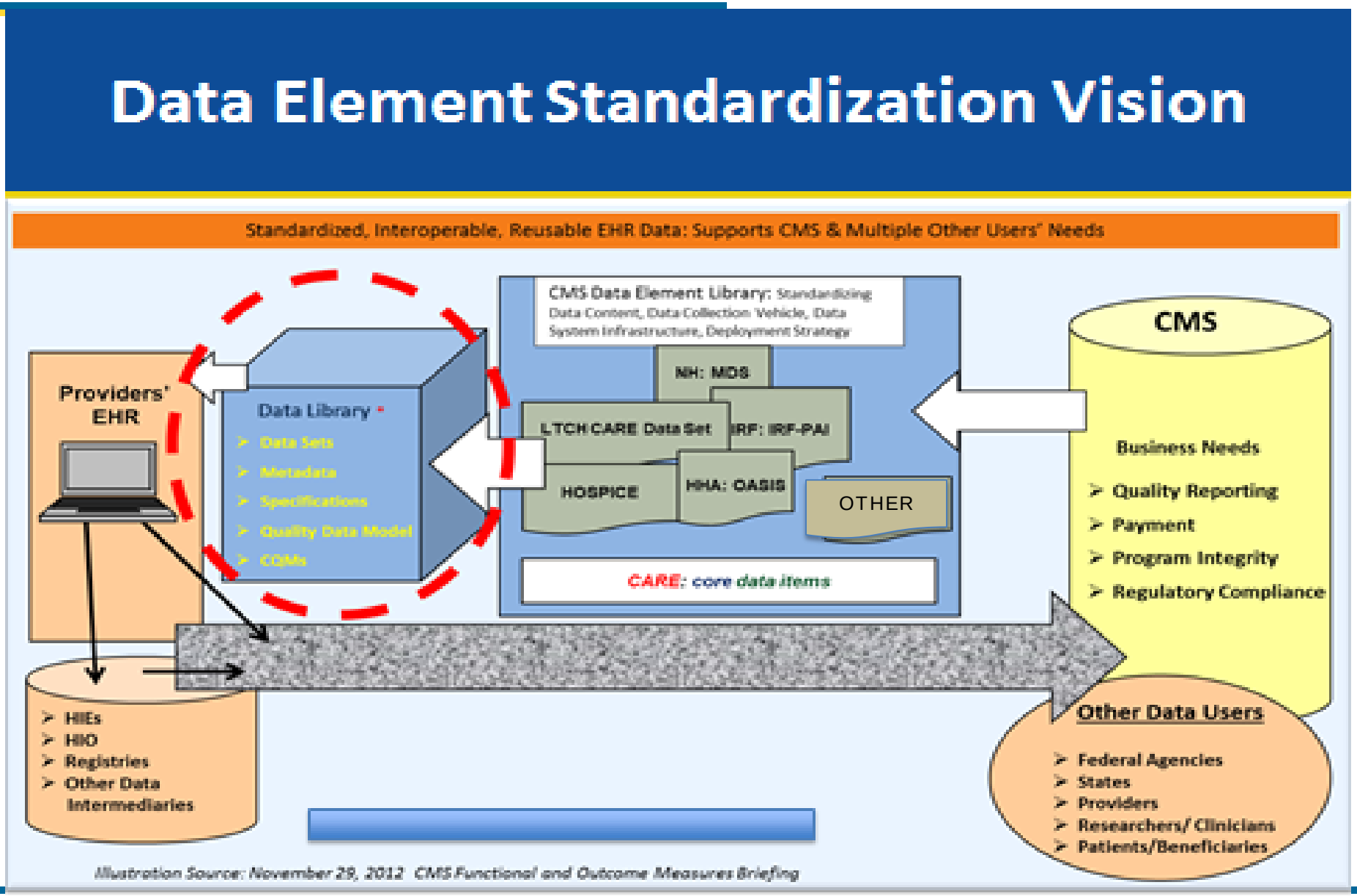


Source: Dr. Terry O'Malley and Dr. Larry Garber

Data element Re-Use

- Payment
- Quality measurement and reporting
- Information exchange for care coordination
- Registry reporting

CMS Data Element Library (Library): Vision



Library: Functionality

- The CMS Assessment Data Element Library (Library) will:
  - serve as a centralized repository for the PAC assessment data elements (e.g., questions and their response codes) and their associated mappings to HIT standards

- The assessment tools and instruments to be included in the Library at this time are:
  - Continuity Assessment Record & Evaluation (CARE) Tool
  - Minimum Data Set (MDS)
  - Long-Term Care Hospital Continuity Assessment Record & Evaluation Data Set (LCDS)
  - Outcome and Assessment Information Set (OASIS)
  - Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Library: Purpose

- **The Library will assist:**
  - CMS in managing the standardization of PAC assessment data elements and identification of HIT standards for these data elements;
  - PAC and other providers in accessing content to support interoperable HIE and the adoption of HIT products; and
  - HIT vendors in accessing content to support the development of interoperable HIT and HIE solutions for PAC and other providers .

- **The Library will:**
  - Serve as a public, central repository for assessment instrument data elements (from CARE Tool, LTCH CARE Data Set, MDS, OASIS and IRF-PAI instruments); and
  - Contain relationships among data elements across the assessment instruments and mappings to national HIT standards and vocabularies.

Library: Content and Implementation

- Content:
  - Repository of Question and Response in Assessment Instruments
  - Assessment Instruments and versions
  - Question to Question relationships
  - HIT standard mappings

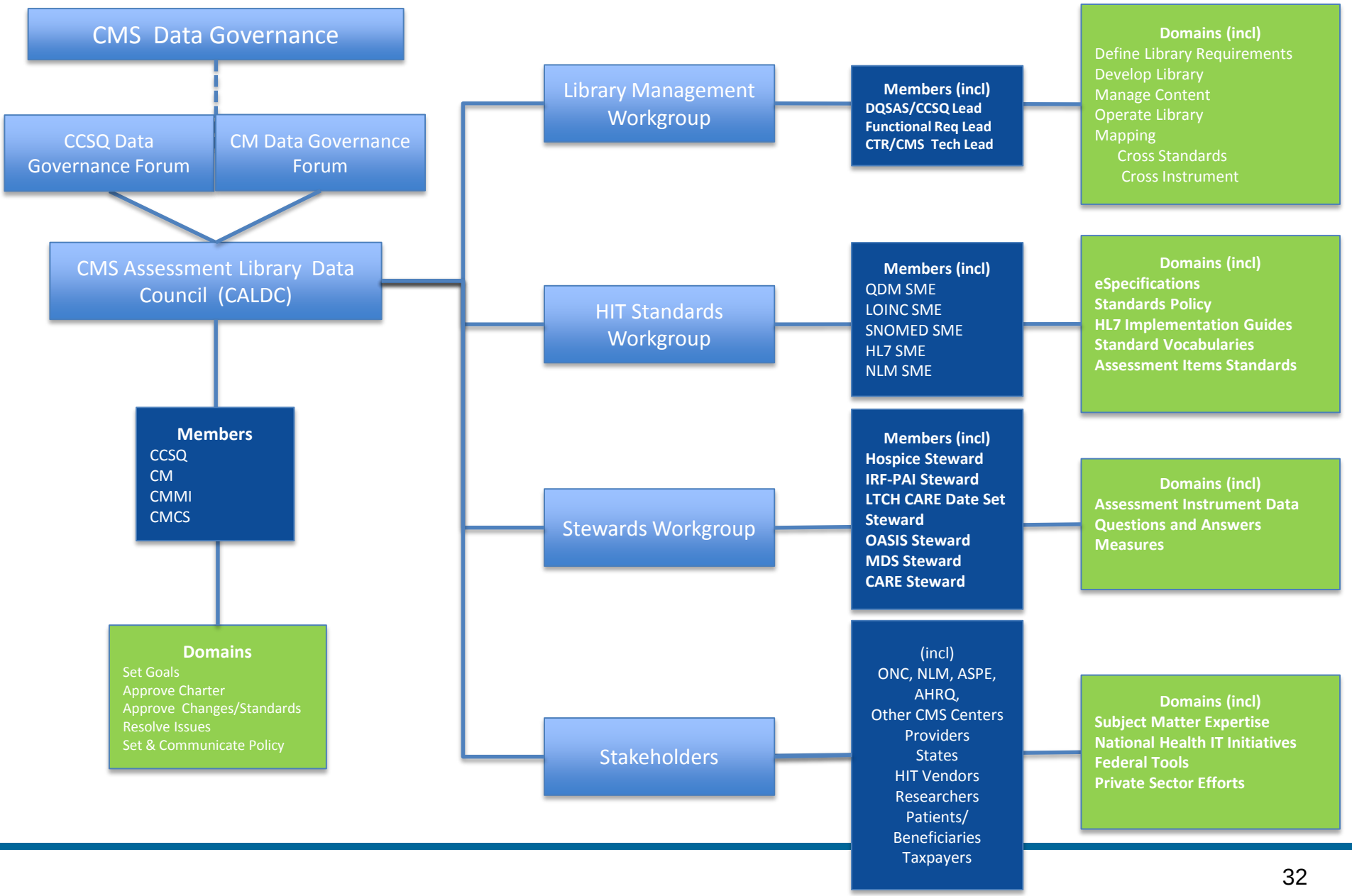
- Implementation:
  - Phased implementation with the first phase in Fall 2015.
  - Regular updates to include new and modified data elements, new assessment instrument versions, and new and updated HIT mappings.

Library: Public Access

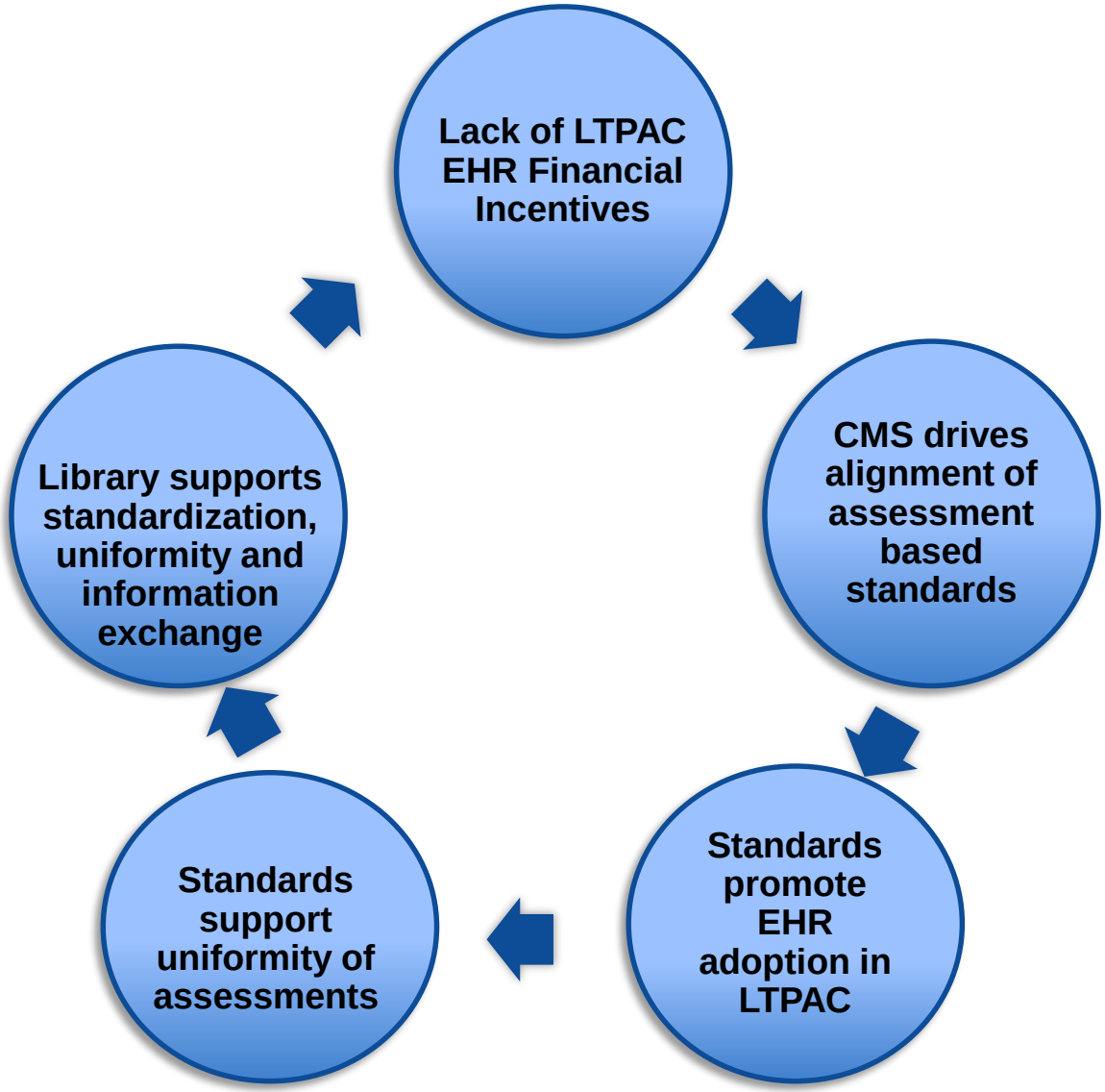
Public Access through QualityNet

- Types of Pre-defined reports.
  - Inventory of questions and responses in an assessment instrument
  - Question use in more than one item subsets
  - Standard/uniform question use in more than one assessment instrument
  - Relationship between questions in other instruments (e.g., aligned, synonymous)
  - Assessment data elements and linked HIT standards report
- Report formats:
  - PDF
  - CSV

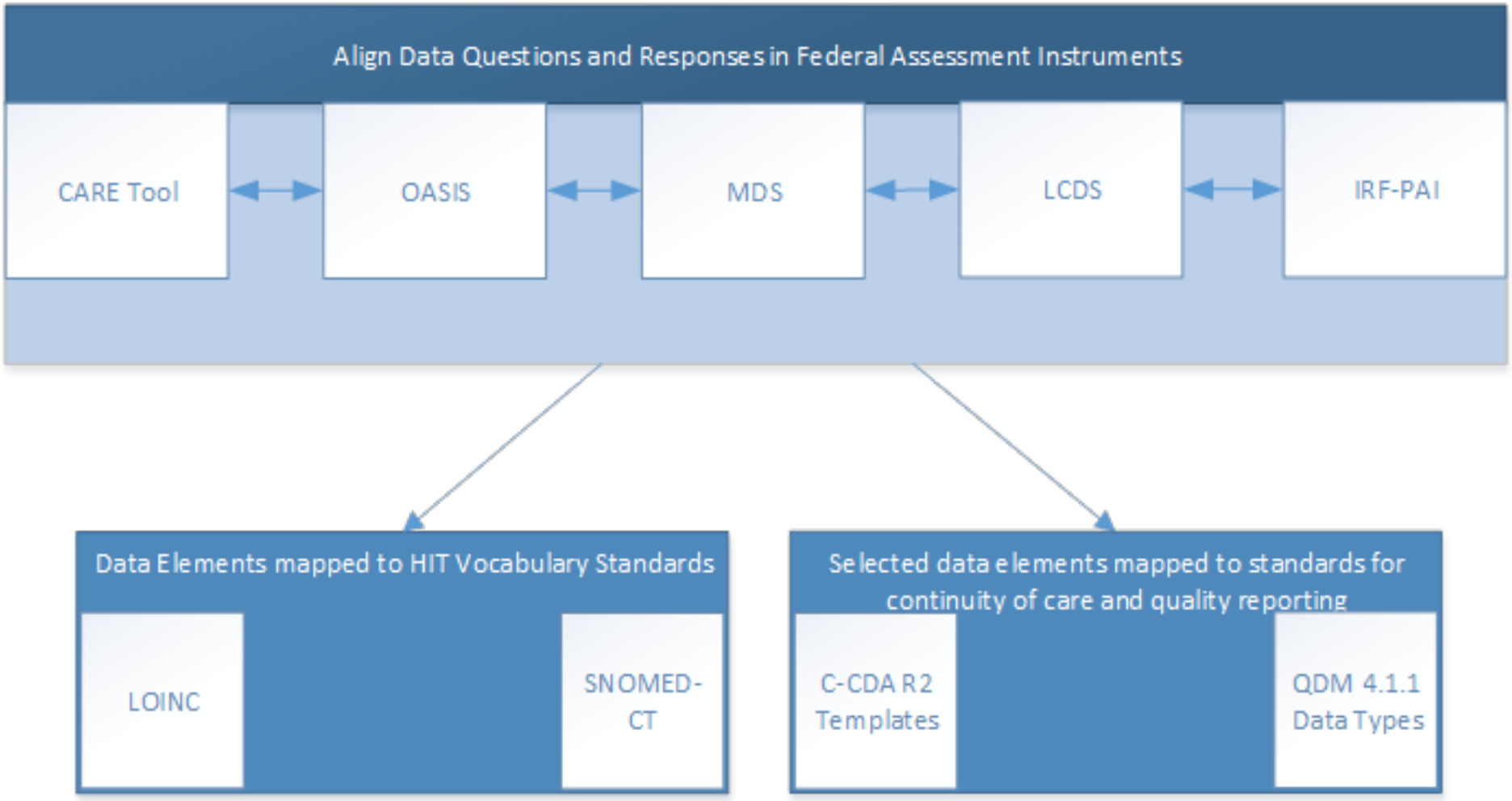
Library: Data Governance Structure



Enabling Interoperability Across the Continuum of Care



Mapping Assessment Data Elements to HIT Standards

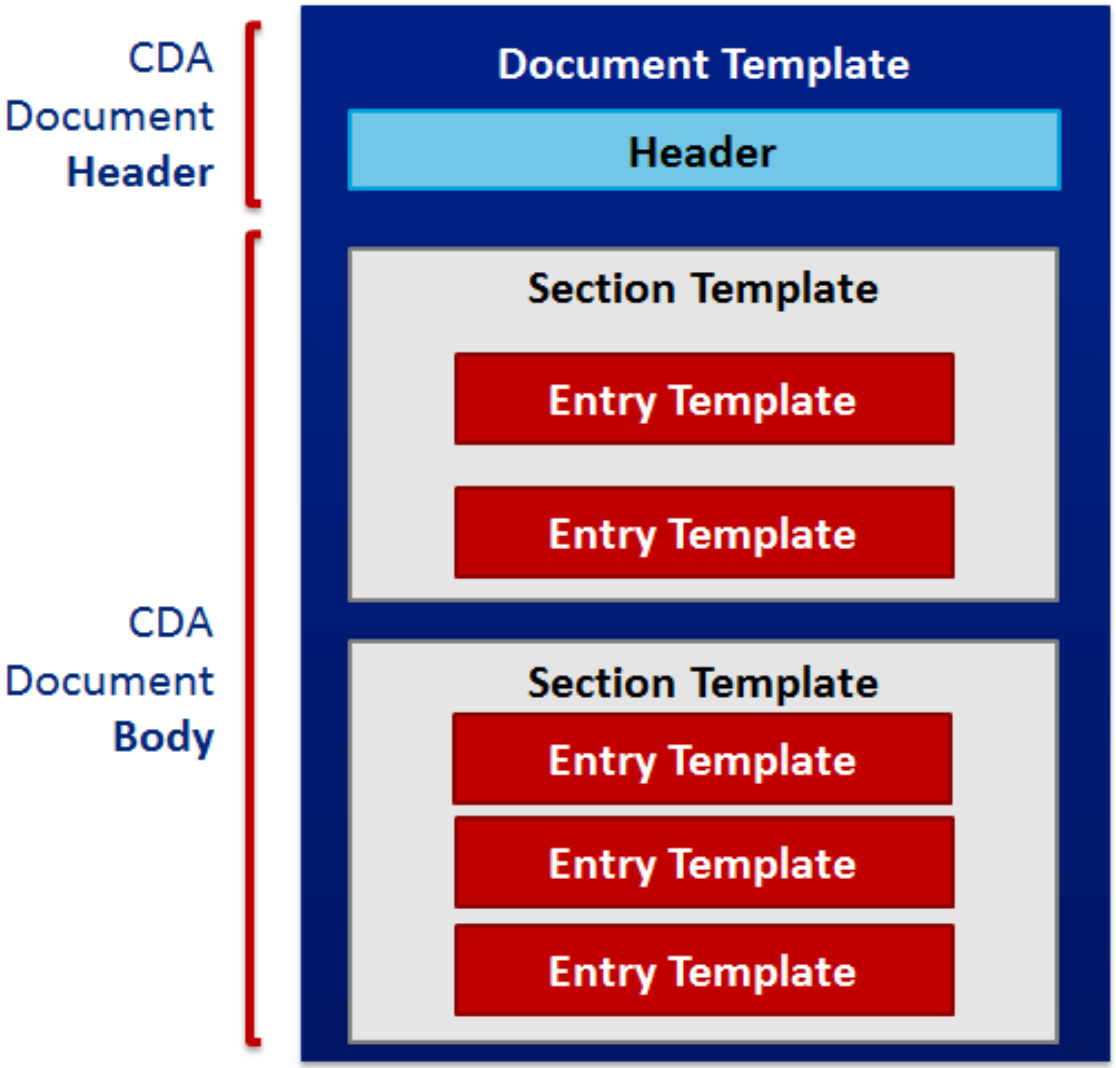


HIT Exchange Standards

What is CDA?

- **C**linical **D**ocument **A**rchitecture
- International standard to communicate patient data
- “Consolidated CDA” is a library of standard reusable data element “templates” that are combined to form CDA documents
- C-CDA R2 Document Types
  - Care Plan
  - Transfer Summary
  - Consultation Note (update)
  - Referral Note

HIT Exchange Standards



Transfer Summary

- Patient

Physical Exam

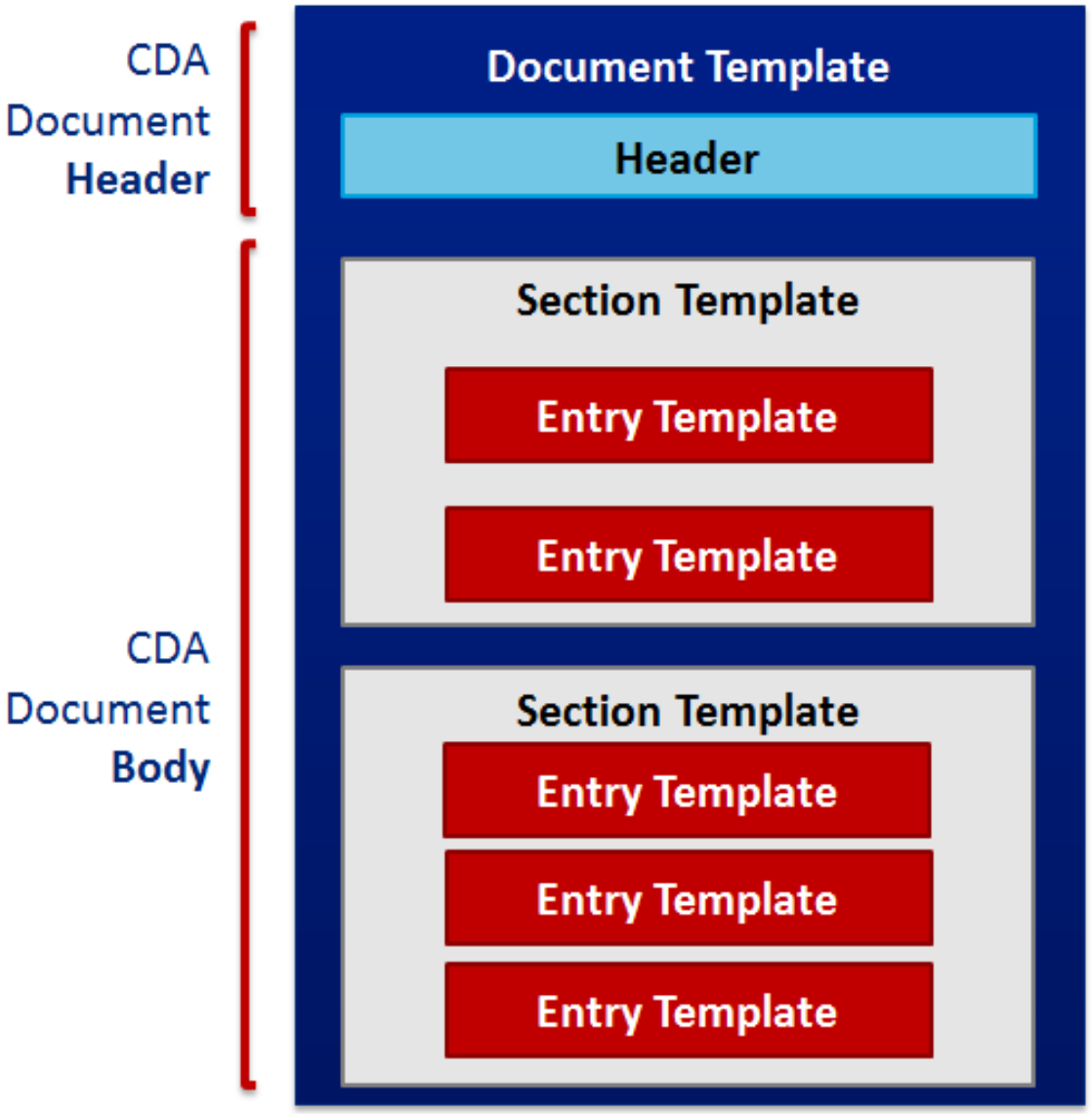
Wound Observation

- Wound Characteristics
- # of Pressure Ulcers

Plan of Treatment

- Instruction
- Planned Procedures
- Nutrition Recommendations

HIT Exchange Standards



Consult Note

- Patient

Physical Exam

Wound Observation

- Wound Characteristics
- # of Pressure Ulcers

Plan of Treatment

- Instruction
- Planned Procedures
- Nutrition Recommendations

What is QDM?

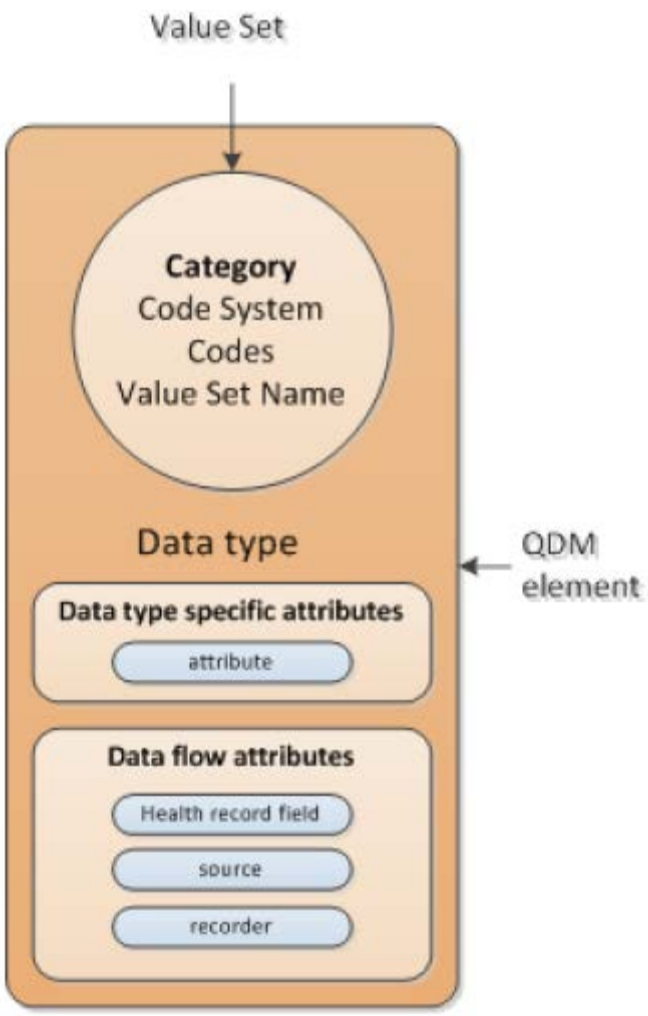
- Quality Data Model (QDM)
- Building blocks for e-Measure development
- Categorizes information in an electronic health record

Definitions

- Category:
  - Single clinical concept represented in a value set
  - Highest level of a QDM element
  - 19 categories (ex. Medication, procedure, encounter).
- Data type:
  - Describes the context of a category.
  - Represents a part of the clinical care process
  - Examples: Encounter, Performed
- Attribute:
  - details about a QDM element
  - datatype specific attribute – details of a QDM based on data type. Ex. Medication, Ordered, attribute –dosage and Medication, Allergy, attribute severity
  - data flow attributes – details about location of data element so intended meaning is preserved.

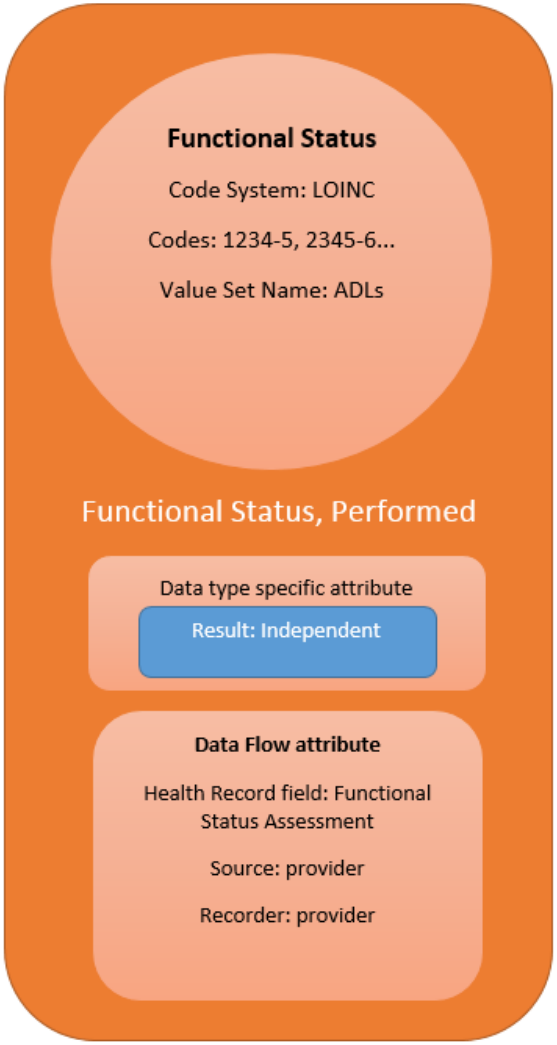
*Reference: CMS/ONC, **Quality Data Model, Version 4.1.2**, January 13, 2015.*

QDM Structure



*Reference: CMS/ONC, **Quality Data Model, Version 4.1.2**, January 13, 2015*

QDM data element Example



Questions and Discussion