The IMPACT Act: Improving Care Coordination through Standardized Data Elements

Special Open Door Forum

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March 28, 2018

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 Data Elements for PAC (RAND Contract)

  - Update on National Beta Test activities

  - Update and interim findings from stakeholder engagement activities

Overview of the RAND Contract

- CMS has contracted with the RAND Corporation to help meet the mandates of the IMPACT Act
- 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: Fall 2017 – May 2018
- Focus on clinical categories outlined in IMPACT Act

Data Element Categories

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

Current Project Activities

- National field test of all data elements being considered for data element standardization

- Information gathering and consensus building activities
  - Survey and focus groups with facility staff and administrators participating in Beta field test to better understand perceived clinical utility, feasibility, workflow issues, and patient assessment experience
  - Targeted outreach to professional and provider associations and PAC providers to hear concerns and discuss ideas
  - Ongoing project updates (SODFs, website)

National Beta Test

- Goal is 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 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 Protocol

- Two patient/resident test groups
  - Without communication impairments (assessments at admission and discharge)
  - With communication impairments (single assessment only)
- Assessment data elements for the following categories:
  - Cognitive status (e.g., expression and understanding)
  - Mental status (e.g., depressed mood)
  - Pain (e.g., pain interference with sleep)
  - Impairments (e.g., ability to see, continence)
  - Special services, treatments and interventions (e.g., IV chemotherapy)
  - Other categories (Care preferences; Global health; Medication reconciliation)

Beta Test Protocol

- 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

Beta Participants and Assessments

PAC Setting	Number of Providers*	Admission assessments (per provider)	IRR assessments (per provider)	Repeat assessments (per provider)
LTCH	24	720 (30)	240 (10)	120 (5)
IRF	25	750 (30)	250 (10)	125 (5)
SNF	62	1550 (25)	310 (5)	186 (3)
HHA	47	1175 (25)	235 (5)	141 (3)
TOTAL	**158**	**4195**	**1035**	**572**

*Numbers current as of March 6, 2018

National Data Element Testing Events and Dates

Target Date	Event
Nov 2017	Data collection begins
Dec 2017	Data collection protocols published to CMS website
March 2018	Beta assessor survey
May-June 2018	Data collection ends
June-July 2018	Beta assessor focus groups
Winter 2018-2019	Summary report published to CMS website

Stakeholder Engagement Activities

- Two activities in progress and planned to leverage the experience of assessors involved in the Beta test

1) Survey of Beta assessors
    - All Beta assessors will be asked to complete a survey about their experience and opinions of the items (e.g., burden, clinical relevance, feasibility)
    - Beta assessors will be asked about the patient experience with the candidate data elements (e.g., burdensome, confusing)

2) Follow-up focus groups with groups of assessors on the leading concerns identified through the survey

Stakeholder Engagement Activities

- Survey of Beta test assessors will be fielded soon

- About 300 field staff will be invited to participate in online survey on

  - Clinical utility of the assessment items
  - Ease and burden of data collection for the assessor and patient
  - Factors that affected ability to collect data

- Results of this survey will reflect on-the-ground experience of collecting the candidate SPADEs, and opinions of front-line clinicians on the value of candidate items

Stakeholder Engagement Activities

- In parallel to Beta test participant outreach, CMS and RAND have been engaging with PAC associations and providers through
    - Conference presentations
    - One-on-one interviews with purposive sample of organizations and providers

- Purpose of activities is to hear concerns and ideas for data element standardization, in order to incorporate end-user perspectives into the process

Upcoming Stakeholder Engagement Activities

- RAND will hold targeted webinars in mid-2018 on special populations (e.g., pediatric patients) to inform future PAC standardization efforts

- 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

  - More information on this will follow as details are put in place

Stakeholder Engagement Events and Dates

Target Date	Event
Dec 2017	Public Comment Report published to CMS website
Dec 12, 2017	December SODF
Jan - June 2018	Outreach to PAC stakeholders (associations, providers, patient representatives)
Winter 2018	Data Element Standardization FAQ page posted to CMS website
March 28, 2018	March SODF
June 2018	June SODF
Summer 2018	Targeted webinars for special populations
Fall 2018	CMS Stakeholder Forum on PAC Data Element Standardization
Nov 2018	TEP Meeting

Stakeholder Feedback: Interim Findings

- We have currently completed ~15 interviews with PAC professional associations, provider organizations, or individual providers, and presented this work at 4 conferences

- These groups selected from organizations that submitted comments to this project's earlier subregulatory calls for public comment or comments related to the SPADEs in the four NPRMs that proposed SPADEs

Stakeholder Feedback: Interim Findings

- We have heard

    - A lot of support for the goals of standardization, and appreciation that CMS has slowed down the process; but also

    - Requests for more information or clarification on the definitions, purpose, goals, and timing of the work.

- We review a few of the common questions we have been hearing in the next slides

What exactly do you mean by "standardized data elements"?

- CMS has defined "standardized patient assessment data" as patient assessment questions and response options that are identical in all four PAC assessment instruments, and to which identical standards and definitions apply

- Data elements are the individual assessment items (questions and response codes). They are not quality measures, although they may be used in existing or future quality measures.

- The <u>entire</u> assessment for each provider type – LTCH CARE Data Set, IRF-PAI, MDS, and OASIS – will <u>not</u> be standardized. Rather, some items – the SPADEs – will be inserted into the four assessments.

What are the Use Cases of the SPADEs?

- Goal to identify SPADEs that have the potential be used for many purposes, such as
  - assessment data comparability across such PAC providers
  - data exchange and interoperability
  - care coordination
  - payment analysis
  - longitudinal outcome analysis

- SPADEs should support multiple use cases, e.g. clinical care, clinical decision support, care coordination, quality reporting, survey, care planning and payment and be clinically meaningful, and health information technology adoption

How will CMS evaluate the SPADEs?

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)
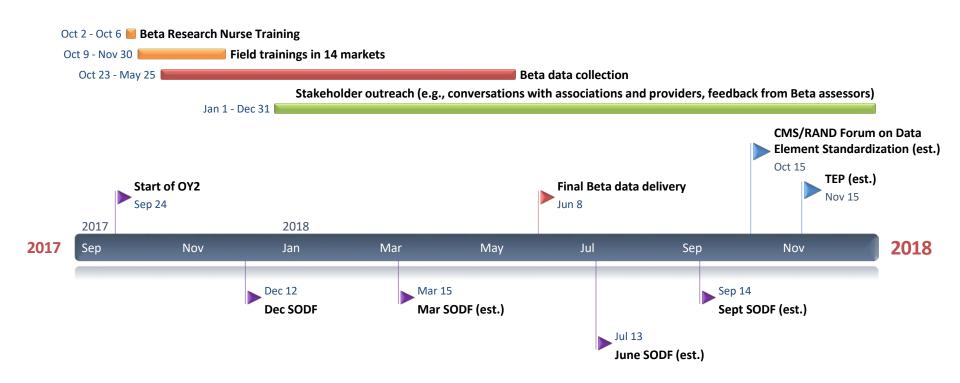- Validity (captures the construct being assessed)

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

Milestones Timeline

Oct 2 - Oct 6 — Beta Research Nurse Training

Oct 9 - Nov 30 — Field trainings in 14 markets

Oct 23 - May 25 — Beta data collection

Stakeholder outreach (e.g., conversations with associations and providers, feedback from Beta assessors)
Jan 1 - Dec 31

CMS/RAND Forum on Data Element Standardization (est.)
Oct 15

Start of OY2
Sep 24

Final Beta data delivery
Jun 8

TEP (est.)
Nov 15

2017   2018

2017 Sep   Nov   Jan   Mar   May   Jul   Sep   Nov   **2018**

Dec 12
Dec SODF

Mar 15
Mar SODF (est.)

Sep 14
Sept SODF (est.)

Jul 13
June SODF (est.)

Points of Contact

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