



MLN Connects[®]

National Provider Call

Implementing the IMPACT Act: Status Update & Activities

CMS/CCSQ/QMVIG/DCPAC

February 23, 2017



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Acronyms in this Presentation

- ALF – Assisted Living Facility
- BIMS – Brief Interview for Mental Status
- BiPAP – Bilevel Positive Airway Pressure
- CAH – Critical Access Hospitals
- CAM – Confusion Assessment Method
- CASPER QM – Certification and Survey Provider Enhanced Reports Quality Measure
- CDC NHSN QMs (Centers for Disease Control and Prevention National Health Safety Network Quality Measures
- CMS – Centers for Medicare & Medicaid Services
- CPAP – Continuous Positive Airway Pressure
- DC – Discharge
- DME – Durable Medical Equipment
- EMS – Emergency Medical Service
- FAQ – Frequently Asked Question
- HCBS-FASI – Home and Community Care Based Services – Functional Assessment Standardized Items
- HHA – Home Health Agency
- HHS – Department of Health and Human Services
- HIT – Health Information Technology
- IMPACT Act – Improving Medicare Post-Acute Care Transformation
- IRF – Inpatient Rehabilitation Facility
- IRF PAI – Inpatient Rehabilitation Facility Patient Assessment Instrument
- IRR – Inter-rater Reliability
- LOINC – Logical Observation Identifiers Names and Codes
- LTCH – Long Term Care Hospital
- LTCH CARE – Long Term Care Hospital Continuity Assessment Record and Evaluation
- LTSS – Long Term Services and Supports
- MAC – Medicare Administrative Contractors
- MAP – Measure Applications Partnership
- MDS – Minimum Data Set
- MUC – Measures Under Consideration
- NQF – National Quality Forum
- NQS – HHS National Quality Strategy for Improvement in Health Care
- OASIS – Outcome and Assessment Information Set
- ODF – Open Door Forum
- PAC – Post- Acute Care
- PAC PRD – Post-Acute Care Payment Reform Demonstration
- PHQ – Patient Health Questionnaire
- PROMIS – Patient-Reported Outcomes Measurement Information System
- QIN-QIO – Quality Innovation Network - Quality Improvement Organizations-
- QM – Quality Measures
- QRP – Quality Reporting Program
- SES – Socio-Economic Status
- SME – Subject Matter Expert
- SNF – Skilled Nursing Facility
- SOC/ROC – Start of Care/Resumption of Care
- TEP – Technical Expert Panel
- TOH – Transfer of Health Information and Care Preferences
- TPN – Parenteral Nutrition

Agenda

- The IMPACT Act
- IMPACT Act Measures
- Public Comments
- Technical Expert Panels
- Measure Applications Partnership
- Implementation Activities
- IMPACT Act Standardized Patient Assessment Data Activities
- Strategic Activities to Support The IMPACT Act
- Question & Answer Session

The IMPACT Act

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 and how much of the work is connected to achieve our goal.

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

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

- **Bi-partisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014**
- **Requires standardized patient assessment data across post-acute care (PAC) settings to enable**
 - Improvements in quality of care and outcomes
 - Comparisons of quality across PAC settings
 - Transparency in data reporting
 - Information exchange across PAC settings
 - Enhanced care transitions and coordinated care
 - Person-centered and goals-driven care planning and discharge planning
 - Payment modeling based on individual characteristics

IMPACT Act: Measures

Measure Domain	HHA	SNF	IRF	LTCH
Functional status	1/1/2019	10/1/2016	10/1/2016	10/1/2018
Skin integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication reconciliation	1/1/2017	10/1/2018	10/1/2018	10/1/2018
Incidence major falls	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Transfer of Health Information	1/1/2019	10/1/2018	10/1/2018	10/1/2018
Resource Use & Other Measures Domain	HHA	SNF	IRF	LTCH
Medicare Spending Per Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potentially Preventable Hospital Readmissions	1/1/2017	10/1/2016	10/1/2016	10/1/2016

National Quality Strategy Promotes Better Health, Better Healthcare, and Lower Costs

The strategy is to concurrently pursue three aims:

Better Care

Improve overall quality by making health care more patient-centered, reliable, accessible, and safe

**Healthy People /
Healthy Communities**

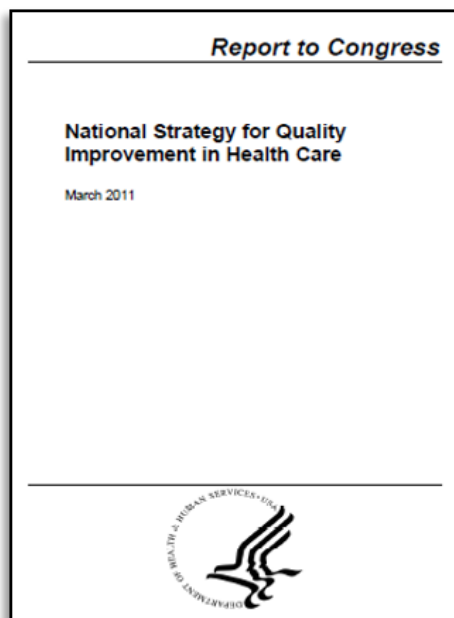
Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care

Affordable Care

Reduce the cost of quality healthcare for individuals, families, employers and government

NQS Promotes Better Health, Better Healthcare, and Lower Costs Through:

Six Priorities



- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models

The Six Priorities Have Become the Goals for the CMS Quality Strategy

Making Care Safer

Strengthen person & family engagement

Promote effective communication & coordination of care

Promote effective prevention & treatment

Work with communities to promote best practices of healthy living

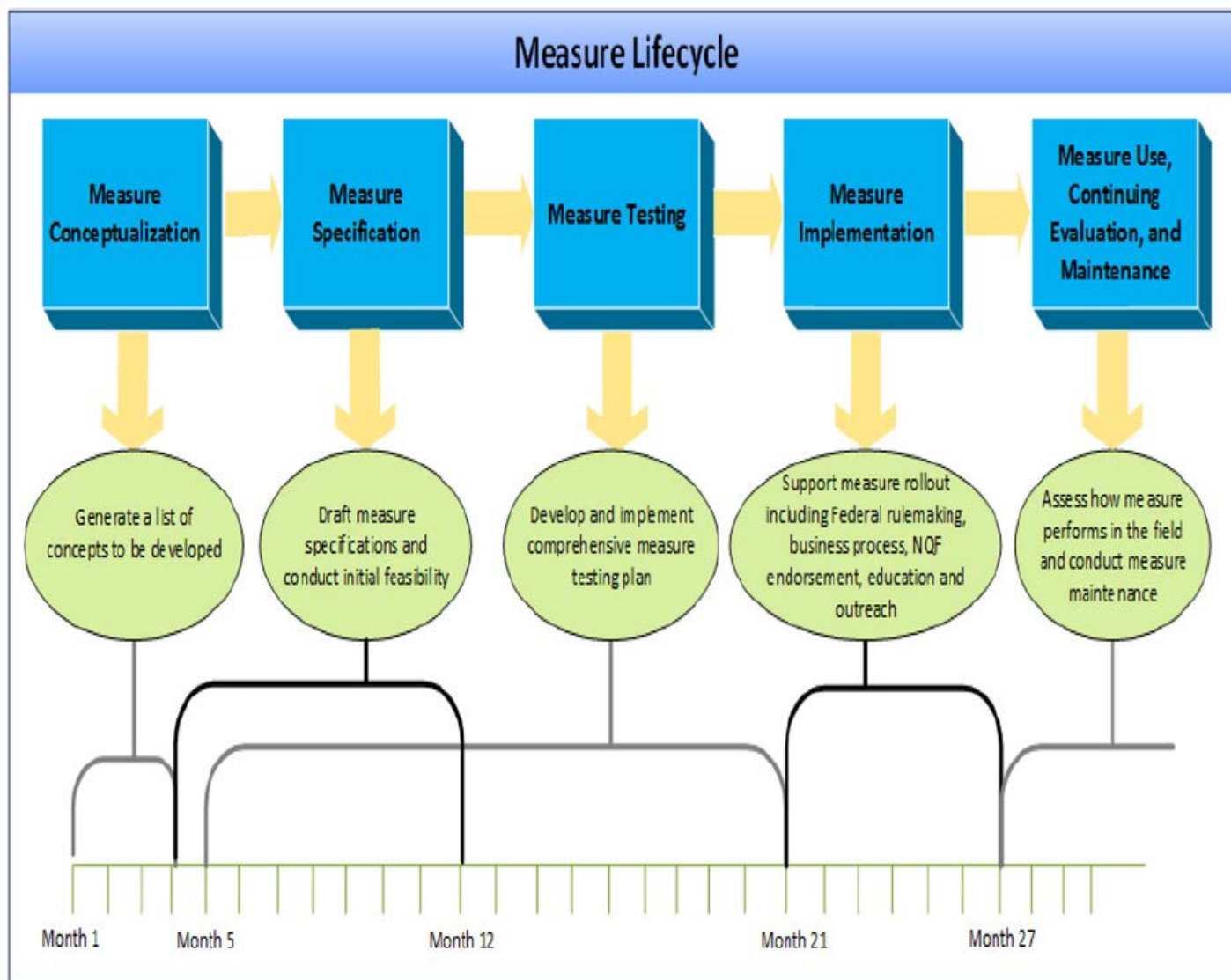
Make care affordable

Addressing Critical Gaps: IMPACT Act & Opportunity

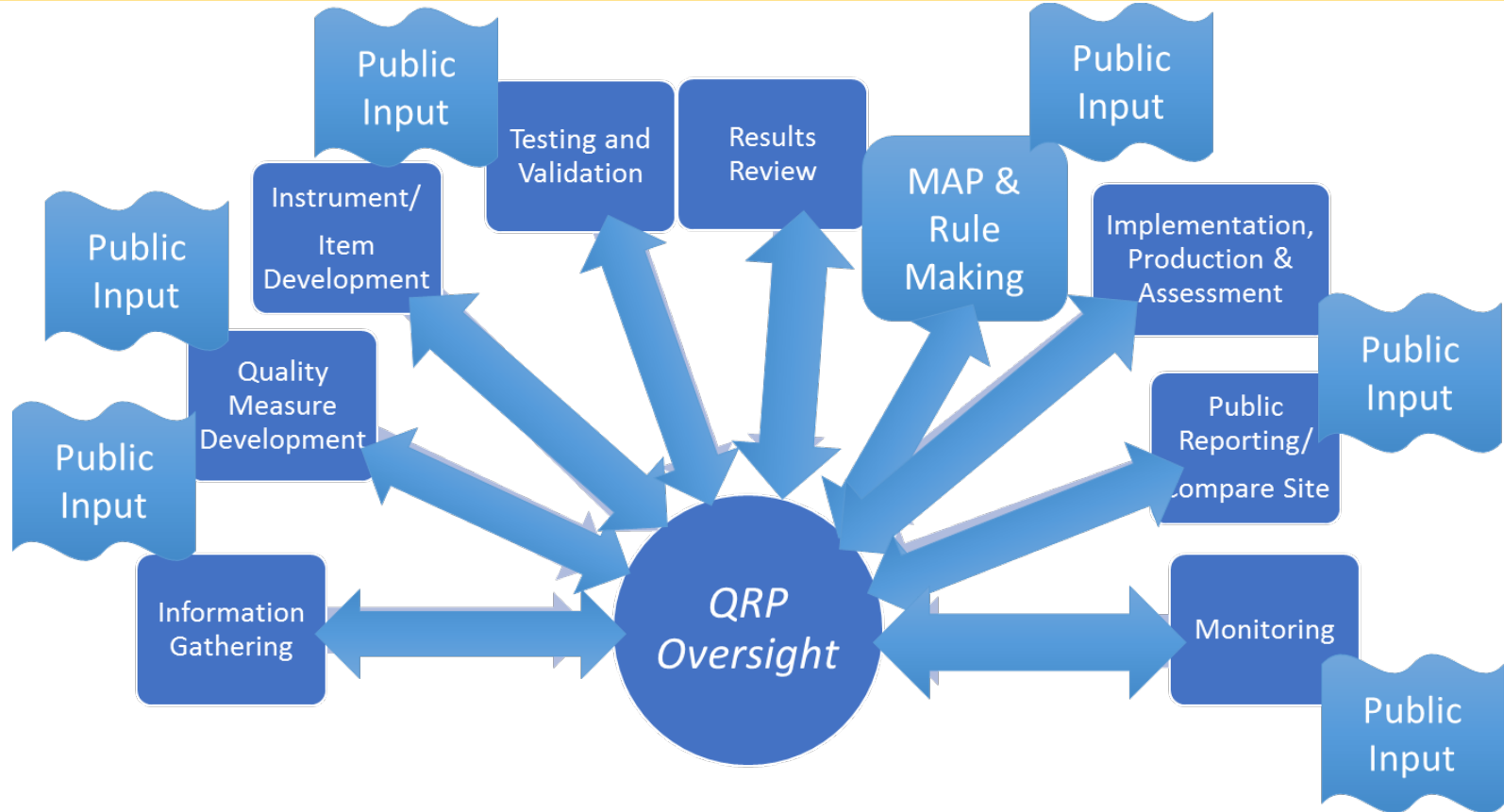
The Act provides an opportunity to address complex goals



CMS Blueprint: QM Development Lifecycle



Activities Associated with Measure and Quality Reporting Program Oversight



Meeting The Goals for High Quality Care

Activities Associated with Measure Development & Program Implementation

Information Gathering

- Environmental Scans/Literature Reviews
- Setting-specific TEPs
- Consultation with CMS and other stakeholders

Quality Measure Development and Re-evaluation

- Measure Maintenance
- NQF Endorsement
- Measure Applications Partnership

Instrument/Item Development and Maintenance

- Testing of instruments and items
- Maintenance of assessment tools and associated manuals

Testing and Validation

- Analysis of data submissions
- Analytic reports
- QM calculation, validity, reliability, SES testing
- Risk adjustment testing

Activities Associated with Measure Development & Program Implementation

Reports/Approval Packages

- TEP and Public Comment Reports
- NQF Reports
- Data Reports

Implementation, Production, and Assessment

- Help Desk
- Communication and Training
- MAP/Rulemaking

Public Reporting/Compare Site

- Facility-level and Patient-level reports
- Review and Correct Reports
- IRF/LTCH/SNF Compare sites

Project Management

- Coordination across programs
- Coordination across contractors
- Coordination across HHS and the Agency

Opportunities for Public Input on Measure Development

- Stakeholder Presentations and Consultation with Technical Experts
- TEPs (in-person and webinar)
- Public Comment Periods
- Outreach Activities for Public Comment includes:
 - Emails to Stakeholders
 - Listings on IMPACT Act and PAC QRP websites
 - Announcements on Medicare Learning Networks
- Pilot testing efforts

IMPACT Act Measures

Opportunities for Public Input on Measure Development

- Public Comment Periods:
 - All IMPACT Act measures
- Outreach Activities for Public Comment includes:
 - Emails to Stakeholders from listings
 - Listings on IMPACT Act and PAC QRP websites
 - Announcements on Medicare Learning Networks
 - PAC Websites
 - HH QRP <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html>
 - IRF QRP <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/>
 - LTCH QRP <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/ltch-quality-reporting/>
 - SNF QRP <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>
 - Information on IMPACT Act Measures & Data Standardization:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-MeasuresMeasures.html>
 - IMPACT Act Email: PACQualityInitiative@cms.hhs.gov

QRP Stakeholder Outreach

- Available Materials

- Call for TEP Members, TEP Composition and TEP Summaries

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html>

- Call for Public Comment and Public Comment Summaries

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html>

Public Comments

Public Comments

- Calls for public comment provide the opportunity to gather feedback from a broad range of stakeholders
- Measure developers can further investigate measure feasibility in PAC settings
- IMPACT Act Public Comment website:
- <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/post-acute-care-quality-initiatives/impact-act-of-2014/spotlights-and-announcements-.html>

Recent Public Comment Periods

- **IMPACT Act Measures**
 - **Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)-**
 - Listening Sessions: February 10 and March 24, 2015
 - Public comment for application to the Home Health Quality Reporting Program: November 9 to December 9, 2016
 - **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened -October 17 to November 17, 2016**
 - **Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC)- September 18 to October 6, 2015**

Recent Public Comments Continued

- **Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) –** September 19 to October 14, 2016
- **Transfer of Health Information Companion Measures-** November, 10 to December 11, 2016
- **Medicare Spending Per Beneficiary-Post Acute Care (PAC) -**January 13 to February 5, 2016
- **Discharge to Community- Post Acute Care (PAC)-** November 9 to December 8, 2015
- **Potentially Preventable 30-Days Post-Discharge Readmission-** November 2 to December 1, 2015

Technical Expert Panels

Technical Expert Panels

- Calls for representatives for TEPs are posted on the CMS website and are disseminated widely to stakeholders
- Expert feedback from TEP members provide measure developers the opportunity to investigate construct validity and measure feasibility in PAC settings
- IMPACT Act TEP report posting site:
- <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/post-acute-care-quality-initiatives/impact-act-of-2014/spotlights-and-announcements-.html>

Recent Technical Expert Panels

- **IMPACT Act Measures**
 - **Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)**
 - IMPACT Act Cross-setting TEP February 3, 2015
 - **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF # 0678)**
 - IMPACT Act Cross-setting TEP February 3, 2015
 - TEP June 13, 2013 with telephone follow-up November 2013
 - TEP July 18, 2016
 - **Drug Regimen Review Conducted with Follow-Up for Identified**
 - TEP July 29, 2015

Recent Technical Expert Panels

- **Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)**
 - IMPACT Act Cross-setting TEP February 3, 2015
- **Transfer of Information at Post-Acute Care Admission, Start or Resumption of Care from Other Providers/ Settings**
- **Transfer of Information at Post-Acute Care Discharge to Other Providers/Settings**
 - TEP: September 27, 2016
 - TEP reconvened January 27, 2017

Recent Technical Expert Panels

- **Medicare Spending Per Beneficiary-Post Acute Care (PAC)**
 - TEP October 29-30, 2015
 - TEP follow-up email survey: November 18, 2015
- **Discharge to Community- Post Acute Care (PAC)**
 - TEP August 25, 2015
 - TEP follow-up September 25, 2015 and October 5, 2015
- **Potentially Preventable 30-Days Post-Discharge**
 - TEP August 12-13, 2015
 - Follow-up TEP October 14, 2015
 - TEP Update Meeting November 9, 2016

Recent Technical Expert Panels

- **Medicare Spending Per Beneficiary-Post Acute Care (PAC)**
 - TEP October 29-30, 2015
 - TEP follow-up email survey: November 18, 2015
- **Discharge to Community- Post Acute Care (PAC)**
 - TEP August 25, 2015
 - TEP follow-up September 25, 2015 and October 5, 2015
- **Potentially Preventable 30-Days Post-Discharge**
 - TEP August 12-13, 2015
 - Follow-up TEP October 14, 2015
 - TEP Update Meeting November 9, 2016

Recent Technical Expert Panels

- **Function process and outcome measures for the HH QRP**
 - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)
 - Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
 - Change in Mobility Score for Medical Rehabilitation Patients (NQF # 2634)
 - Discharge Self-Care Score for Medical Rehabilitation Patients (NQF # 2635)
 - Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)
- TEP (in-person) on October 17 and 18, 2016

Pilot Testing

We greatly value the support and efforts on behalf of providers who enable our ability to take concept to reality.

We are currently working to provide a feedback loop with participating providers and all stakeholders on early findings.

Transfer of Health Information Pilot Testing

- Transfer of Health Information at Post-Acute Care Admission, Start or Resumption of Care from Other Providers/ Settings – Measure Under Development
- Transfer of Health Information at Post-Acute Care Discharge to Other Providers/Settings – Measure Under Development
- **Environmental scan completed 10/2016**
- **TEP**
 - Call for nominations 08/08/2016 through 08/21/2016
 - Summary report posted: 11/18/2016
 - TEPs : 09/27/16
 - TEP reconvened 01/27/17
- **Public comment draft Measure Specifications**
 - Posted for 30-day public comment period; 11/11/16 to 12/11/16
 - Comment Summary Report posted (expected): 02/2017
 - Presented to the NQF MAP 12/14/2016
- **Pilot test recruitment**
 - Recruitment 01/17. Excellent response.

Transfer of Health Information Pilot Testing

- First phase – January 2017 to March 2017
 - Cognitive interviews (~6) (January 2017) to inform instructional manual development and work flow
 - Interviews with staff (~20 per setting) to ensure evidence supports and aligns with face validity (February-March 2017)
 - Scenario-based survey (~10 per setting) on TOH data collection to ensure empirical results support face validity of the items (February-March 2017)
- Targets
 - IRF, LTCH, HHA, SNF
 - Target roles of staff who would complete the assessment items

Transfer of Health Information Pilot Testing

- Second phase – March 2017 to May 2017
 - Data collection using mock assessment items on sample of patients (~48-80 per setting) recently admitted and discharged to test the feasibility and inter-rater reliability of the data collection item, estimates of time to complete the items
- Targets
 - IRF, LTCH, HHA, SNF
 - Target staff are those who would complete the assessment items

HH QRP Initiative: Field Testing

- Recruited 12 agencies in 4 states to participate in the field test
- Outreach conducted through:
 - National stakeholder letters sent from CMS
 - Email to National Association of Home Care Agencies.
 - Emails to State Home Care Agency Associations
- HHAs contacted Study PI to express interest
- HHAs were selected to ensure an adequate representation of urban/rural, private/not for profit, and geographic location
- Implementation began in July 2016

HH QRP Initiative: Field Testing

- Testing includes:
 - Current OASIS-C2 items
 - Standardized items for potential future use
 - Section GG core items
 - Falls with major injury
 - Confusion Assessment Method
 - Brief Interview for Mental Status
 - Pain presence and frequency
 - Nutritional Assessment
 - Feasibility of collecting patient-reported outcomes
 - Consenting patients complete PROMIS Global Health Scale to provide self-reported health outcomes for analysis

HH QRP Initiative: Field Testing

- Clinicians at participating agencies trained on field test instrument
- Testing procedure includes:
 - IRR visits within 24 hours for SOC/ROC and DC patients
 - Paired assessments to examine item sensitivity
 - Medical record review to examine validity of select items
- Gathering feedback on feasibility via clinician survey and clinician focus groups
 - Will inform future OASIS guidance
- Testing and analyses will be completed in 2017

Measure Applications Partnership

2016-2017 PAC Measures Under Consideration

- **MUC List For IRF QRP**

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)MUC 16-143
- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings MUC 16-319
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings MUC16-325

- **MUC List For HH QRP**

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)MUC 16-144
- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings MUC 16-321
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings MUC16-327
- The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function MUC16-61
- The Percent of Home Health Residents Experiencing One or More Falls with Major Injury MUC 16-63

2016-2017 PAC Measures Under Consideration (cont.)

- **MUC List For LTCH QRP**
 - Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)MUC 16-144
 - Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings MUC 16-321
 - Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings MUC16-327
- **MUC List For SNF QRP**
 - Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)MUC 16-142
 - Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings MUC 16-314
 - Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings MUC16-323

Implementation Activities

Compare Websites and Confidential Feedback Reports

Compare Websites

- **Nursing Home Compare implemented 1998**
- **HH Compare implemented 2005**
- **LTCH Compare implemented 12/14/16**
- **IRF Compare implemented 12/14/16**
- **SNF Compare design in flight for 10/2018 implementation**

Facility- and Patient-Level Quality Measure Reports Overview

- CASPER QM Confidential Facility-Level and Patient-Level Reports:
 - Confidential Feedback Reports for SNFs, HHAs, IRFs and LTCHs
 - Available to providers for internal purposes only and not for public display
 - Used for feedback to help providers identify data errors and improve quality of care
 - Contain quality measure information at the facility- and patient-level where feasible

Facility- and Patient-Level Quality Measure Reports Overview

- CASPER QM Facility-Level and Patient-Level Reports:
 - Available on demand
 - Providers are able to select the data collection end date and obtain aggregate performance data
 - Claims-based and CDC NHSN QMs are not included in Patient-Level Reports

QM Reports Facility-Level Snapshot



CASPER Report LTCH Facility-Level Quality Measure Report

Page 1 of 4

Facility ID: ~~xxxxxx~~
 CCN: 123457
 Provider Name: My LTCH
 City/State: Waltham, MA

Report Period: 01/01/2015 – 12/31/2015
 Data was calculated on: 10/01/2016
 Comparison Group Period: 01/01/2015 – 12/31/2015
 Report Run Date: 12/20/2016
 Report Version Number: 1.00

Source: Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	Comparison Group U.S. National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	L001.01	9	280	3.2%	3.0%	2.9% ¹

1: U.S. national observed mean is 1.9616.

QM Report Patient-Level Snapshot



CASPER Report IRF Patient-Level Quality Measure Report

Page 1 of 2

Facility ID: xxxxxx
 CCN: 123457
 Facility Name: My IRF
 City/State: Waltham, MA

Report Period: 02/01/2015 – 01/31/2016
 Report Run Date: 04/01/2016
 Report Version Number: 1.00

Status Legend

- X: Triggered
- NT: Not triggered
- E: Excluded from analysis based on exclusion criteria

Quality Measures: Undesirable Outcomes/Processes Not Performed
 Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Patient Name	Patient ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)	Future QM Added Here	Future QM Added Here	Future QM Added Here	Future QM Added Here	Future QM Added Here	Future QM Added Here
Doe, Charles	654867	11/01/2014	12/01/2014	X						
Doe, Fred	545454	10/25/2014	11/23/2014	NT						
Doe, Holly	484851	08/08/2014	09/04/2014	X						
Doe, Jill	841515	07/16/2014	08/04/2014	E						
Doe, John	846544	06/28/2014	07/27/2014	NT						
Doe, Katie	878791	05/17/2014	05/24/2014	X						
Doe, Mary	321546	03/28/2014	04/04/2014	NT						
Doe, Mike	796131	03/01/2014	03/12/2014	X						
Doe, Paul	454556	02/11/2014	02/21/2014	NT						
Doe, Ruth	115897	01/11/2014	01/16/2014	E						

Review and Correct Reports Overview

- Contains quality measure information at the facility level
- Providers are able to obtain aggregate performance for the past four full quarters (when data is available)
- Available on demand and used in conjunction with the CASPER QM reports to determine any reporting errors that may affect performance for some quality measures
- Note: These are essentially “correctable data Provider Preview Reports” or referred to as “Previews to the Provider Preview Reports”
- Next slide provides a snapshot of the report

Review and Correct Report Snapshot



Report Run Date: 01/01/2018
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CASPER Report IRF Review and Correct Report IRF-PAI Quality Measures: Report #4 for 2017

CMS Certification Number: 999999
 Facility Name: Sample Inpatient Rehabilitation Facility
 Street Address Line 1: 1111 West Pine Avenue
 Street Address Line 2: Suite 101
 City: Waltham
 State: MA
 ZIP Code: 02452
 County Name: Middlesex
 Telephone Number: (781) 555-5555

IRF Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)
 CMS Measure ID: I009.01

Table Legend

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of Patient Stays that Triggered the Quality Measure in your IRF	Number of Eligible Patients Discharged from your IRF	Your IRF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	3	73	4.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	1	41	2.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	3	97	3.1%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	5	85	5.9%
Cumulative	01/01/2017	12/31/2017	-	-	12	296	4.1%

Provider Training

- QM Facility- and Patient-Level Reports: MLN Call - December 1, 2016, 1:30 to 3:00 pm
- Agenda:
 - Quality measures for public reporting in 2016
 - Reports associated with public reporting
 - Content of the CASPER QM reports by data source
 - How to interpret facility- and patient-level results
 - Accessing reports in CASPER
 - Resources for providers
- Call Materials are located on the [call detail](#) page
 - [Presentation](#)
 - [Audio Recording](#)
 - [Transcript](#)
- Review and Correct Reports: MLN Call planned Spring 2017
- Additionally, QRP Public Reporting Helpdesk created, setting specific

IMPACT Act Standardized Patient Assessment Data Activities

Overview of Standardized Assessment Data Activities

- Project goal is to develop, implement, and maintain standardized PAC patient assessment data
- Project phases include information gathering (September 2015 – April 2016), pilot testing (August 2016 – June 2017), and national beta testing (Fall 2017)

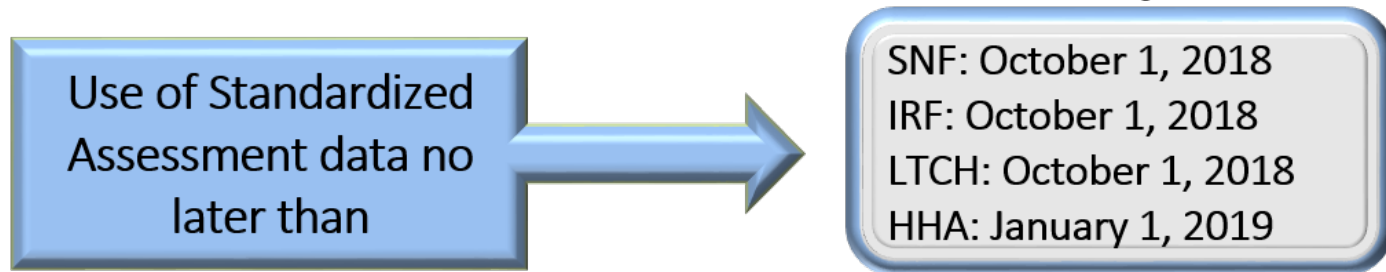
Core Patient Assessment Categories: Required Standardization

The Act specifies that the data [elements] “... **be standardized and interoperable so as to allow for the exchange of such data among such post-acute care providers and other providers and the use by such providers...to provide access to longitudinal information for such providers to facilitate coordinated care and improved Medicare beneficiary outcomes...**”

Statutory Timelines: Standardized Patient Assessment Data

- **Requirements for reporting assessment data:**

- Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions

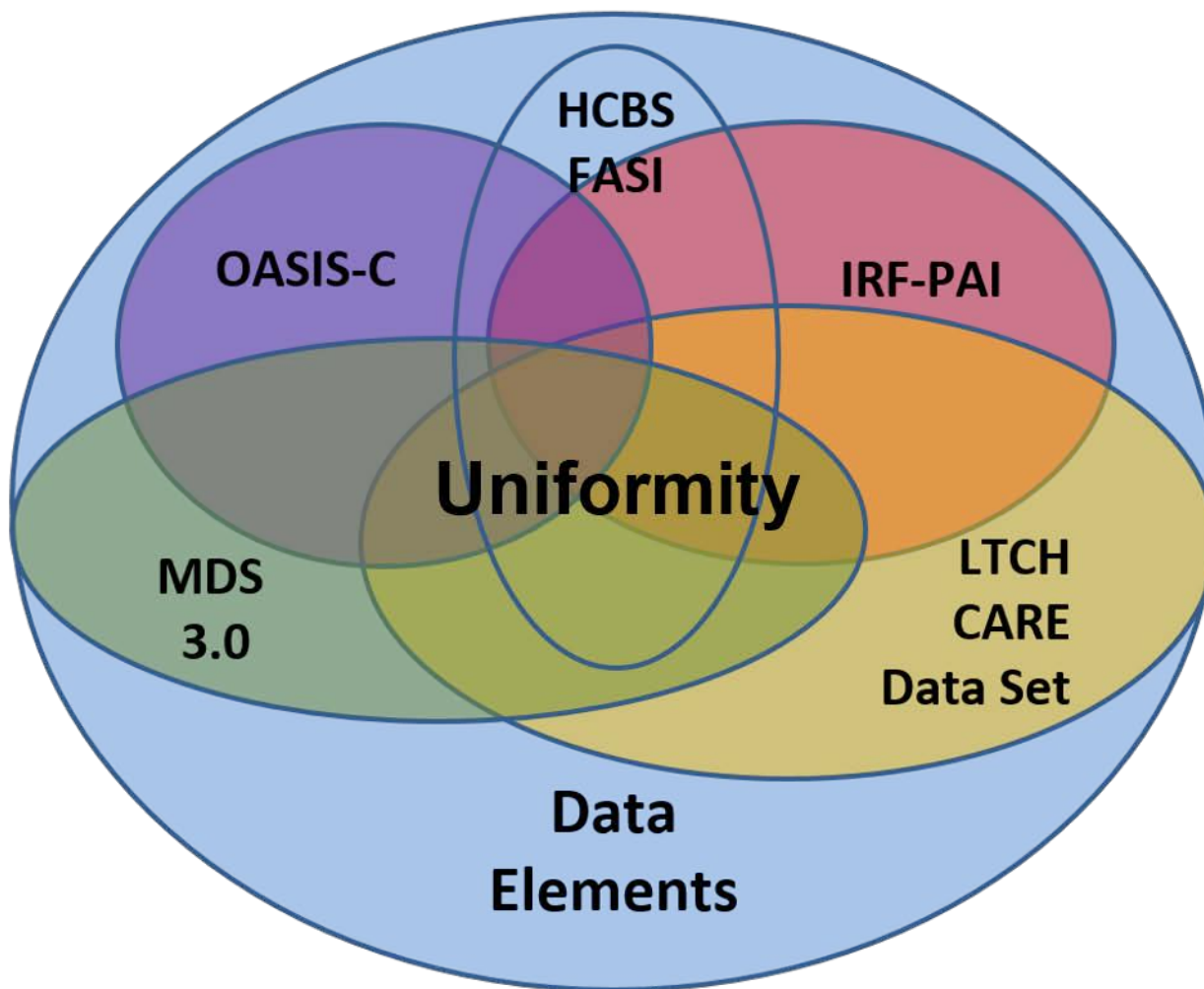


- The data must be submitted with respect to admission and discharge for each patient, or more frequently as required

- **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

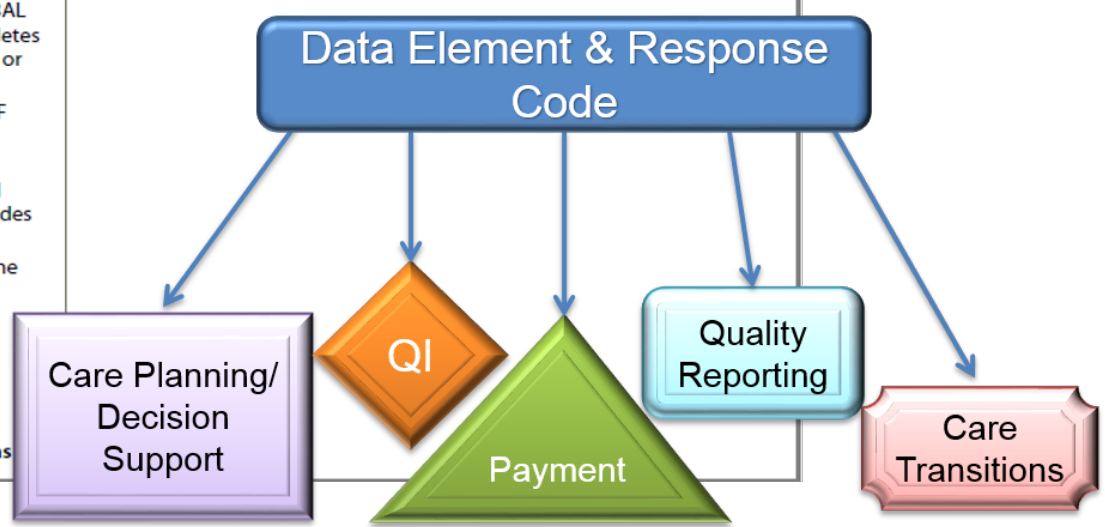
Data Elements: Standardization



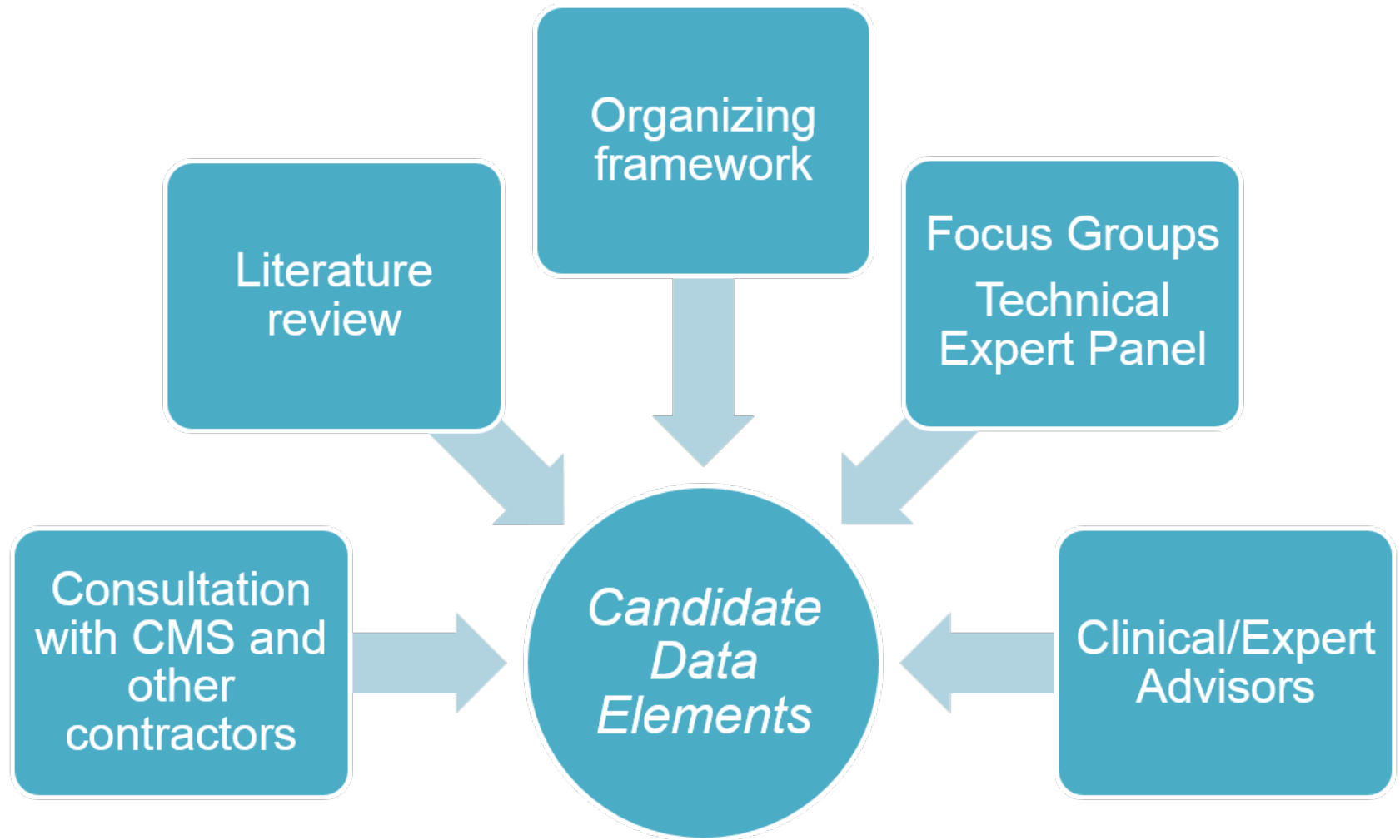
Data Elements: Standardization

One Question: Much to Say → One Response: Many Uses

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. <i>Activities may be completed with or without assistive devices.</i> 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 <input type="text"/> <input type="text"/>	
	<input type="text"/> <input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.
	<input type="text"/> <input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	<input type="text"/> <input type="text"/>	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.



Focus of Information Gathering was to Identify Candidate Data Elements for Pilot Testing



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

Track 1: Cross-Setting Feasibility Established

- Track 1: Data Elements submitted for “Blueprint” Public Comment -
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Development-and-Maintenance-of-Post-Acute-Care-Cross-Setting-Standardized-Assessment-Data-RAND-IMPACT-Public-Comment-Summary.pdf>
 - Strong evidence for feasibility and reliability in PAC settings
 - Tested and performed well in PAC PRD
 - Posted for public comment in August 2016

Track 1: Public Comment Data Elements

❑ Cognitive Function and Mental Status

- ❖ Brief Interview for Mental Status (BIMS)
- ❖ Expression of Ideas and Wants
- ❖ Ability to Understand Others: Understanding Verbal Content
- ❖ Confusion Assessment Method (CAM)
- ❖ Behavioral Signs and Symptoms
- ❖ Patient Health Questionnaire (PHQ-9, PHQ-2, hybrid PHQ-2/9)

❑ Medical Conditions: Pain

- ❖ Pain Presence
- ❖ Pain Severity

❑ Impairments of Hearing and Vision

- ❖ Ability to Hear

- ❖ Ability to See in Adequate Light

❑ Special Services, Treatments, and Interventions

- ❖ Hemodialysis
- ❖ IV Chemotherapy
- ❖ Radiation
- ❖ Central Line Management
- ❖ Total Parenteral Nutrition (TPN)
- ❖ Enteral Nutrition
- ❖ Vasoactive Medications
- ❖ Oxygen (intermittent or continuous)
- ❖ BiPAP/CPAP
- ❖ Invasive Mechanical Ventilator: Weaning Status
- ❖ Suctioning
- ❖ Tracheostomy Care

Track 2: Alpha 1 Testing

Fall 2016

- Data elements rated highly by the TEP and stakeholders, but require feasibility testing in PAC settings
- Data elements tested in cross-setting PAC facility field test
- Testing included 24 cognitive interviews and 8 PAC facilities in 1 US market
- Alpha 1 data elements:
 - Cognition executive function items;
 - Care preferences;
 - Medication reconciliation;
 - Bladder and Bowel continence;
 - Additional vision and hearing items;
 - Pain;
 - PHQ modification

Track 3: Alpha 2 Testing

Spring 2017

- Data elements require feasibility testing in PAC settings, and further development and consensus building
- Testing is scheduled for Spring 2017 to include 16 PAC facilities in 3 US markets
- List of data elements recently finalized
 - Focus on assessment of cognitive status
 - Further development of observational assessments
 - Incorporation of self-report PROMIS items
 - Modified items from Alpha 1

Track 3: Alpha 2 Testing

Status: In Progress

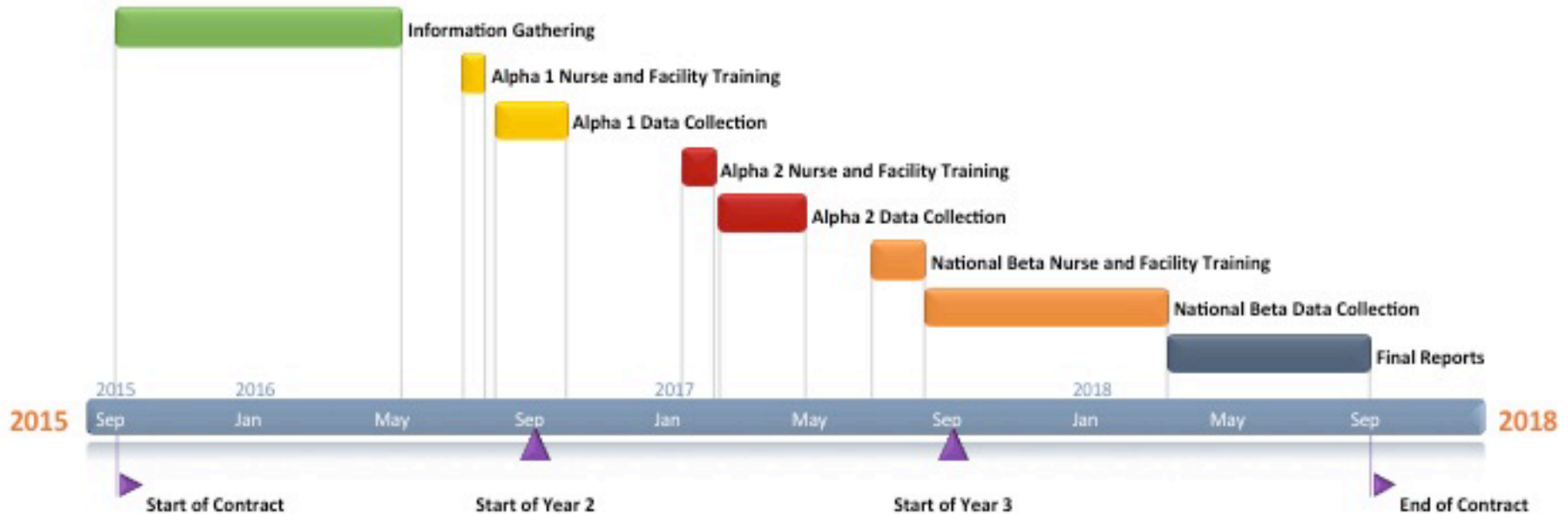
- Data elements require feasibility testing in PAC settings, and further development and consensus building
- Testing is being planned to include 16 PAC facilities in 3 US markets
- List of data elements still being finalized
 - Require cross-setting feasibility testing in PAC settings, and further development and consensus building
 - Focus on assessment of cognitive status
 - Further development of observational assessments
 - Incorporation of self-report PROMIS items
 - Modified items from Alpha 1

National Beta Testing

Fall 2017

- Alpha 1 & 2 results will be used to modify and select a subset of data elements for national Beta test
- Providers will be randomly selected to participate
- Results will provide nationally-representative setting-specific reliability and validity data
- Beta testing will include approximately 14 US markets

Standardized Assessment Categories: Development Timeline

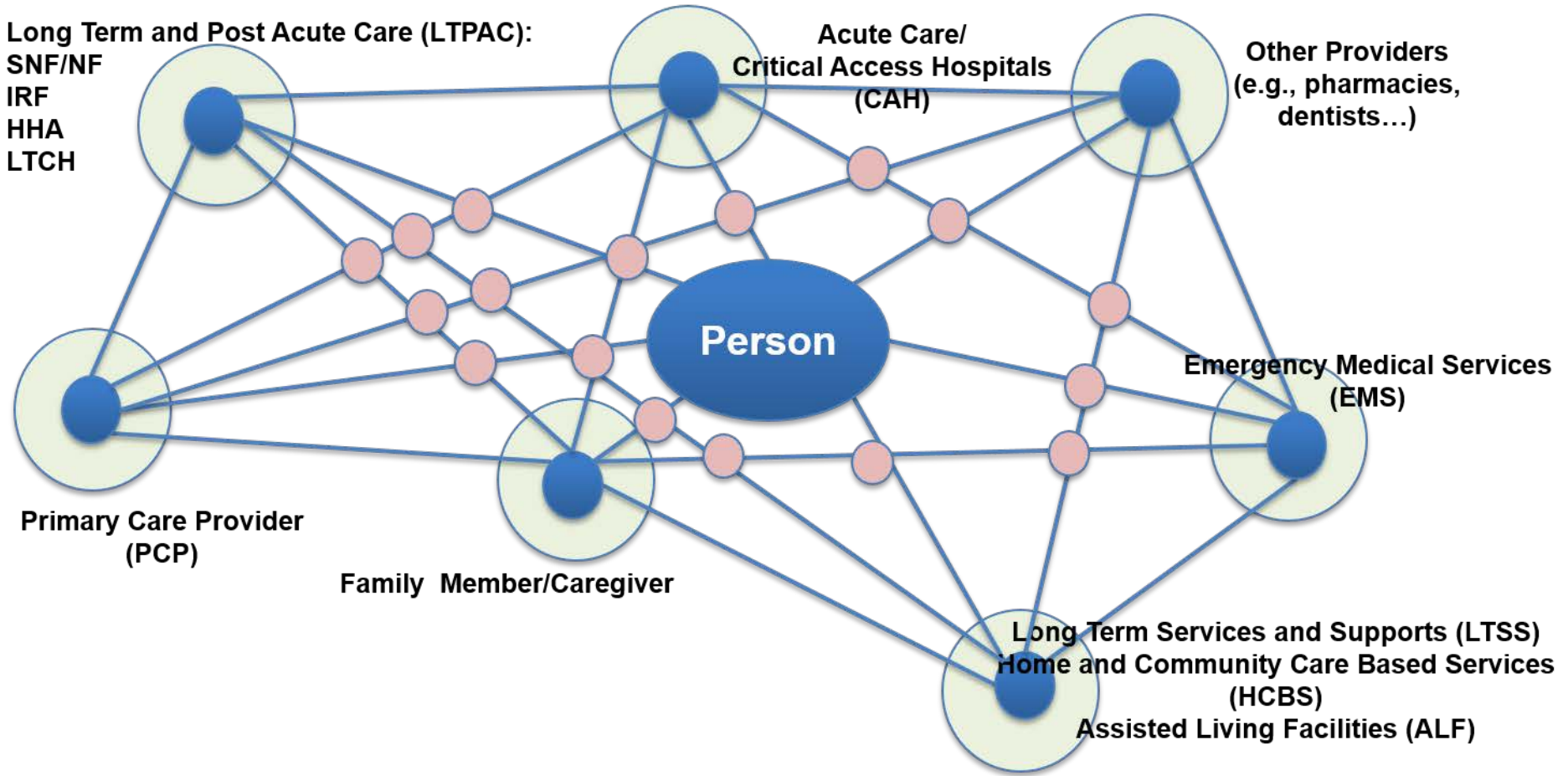


Opportunities for Public Input on Data Elements

- Public Input and Information Dissemination:
 - Fall 2016: PROMIS
 - December 2016: Update on Standardization Work
- Technical Expert Panel: April 2016 & Jan 2017
- Quarterly Special Open Door Forums
 - “Consumer Focused ...Care Planning” – 5/12/16
 - “Improving Care Coordination”- 9/15/16
 - “Update on the RAND Contract” – 12/8/16
- Public Comment Periods:
 - August 2016
 - March 2017
 - March 2018
- Presentations at Stakeholder meetings

Interoperability: Future State

Data Follows the Person



Overview of the DEL Maintenance and Oversight Activities

- The purpose of this task order is to develop a repository of PAC assessment data elements
- This will support standardization and interoperability of data and promote the use and exchange of information.

Strategic Activities to Support The IMPACT Act

Training and Stakeholder Outreach

Accomplishments

- Over 21,000 non-unique stakeholders reached from 9/15-11/16 with frequent engagement via National Provider Calls, Open Door Forums, trainings, and other meetings and activities
- Development of artifacts to support outreach (PAC QRP Fact Sheets, YouTube videos, FAQs)

Ongoing activities

- Development and maintenance of Communications Strategic Plan
- Engagement and dialogue with external stakeholders (providers, associations, vendors, etc.)
- National conference participation
- Engagement via PACqualityinitiative e-mail box and development of frequently asked questions (FAQ) documents

Anticipated future activities

- Strategic outreach to IMPACT Act stakeholders utilizing different interactive modalities
- Updates to the IMPACT Act website

Outreach & Communications

- PAC QRP listserv that has 142,000 + subscribers
- MLN Connects Newsletter — 250,000 providers, 500,000+ subscribers, and Medicare Administrative Contractors (MACs)
- Webpage Enhancement — dedicated IMPACT Act web presence featuring:
 - Main page overview
 - Highlights/special announcements
 - Upcoming events, educational sessions, and stakeholder input opportunities
 - HHAs dedicated IMPACT Act section
 - IRFs dedicated IMPACT Act section
 - LTCHs dedicated IMPACT Act section
 - SNFs dedicated IMPACT Act section
 - Measure Specifications
 - Resources

Question & Answer Session

Resources

- **IMPACT Act Website –**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html>

- **MAP –**

http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx

Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

Thank You

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