Thinking Ahead in Post Acute Care

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Topics

• Goal
• Background
• CARE Concept
• Current and Future State
• CMS Vision
• Considerations
• Collaboration and Coordination
• Data Library Concept and Governance
• Questions
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
CARE: Background

• Continuity Assessment Record & Evaluation (CARE) Tool
  – BIPA (2000)
    • Mandated standardized assessment items across the Medicare program, to supersede current items
  – DRA (2005)
    • Mandated the use of standardized assessments across acute and post-acute settings
    • Established PAC Payment Reform Demonstration (PAC-PRD) which included testing the reliability of the standardized items when used in each Medicare setting
  – PAC PRD (2006)
    • Required data to meet federal HIT interoperability standards
CARE: Concepts

Guiding Principles and Goals:

Assessment Data is:
- Standardized
- Reusable
- Informative

- Communicates in the same information across settings
- Ensures data transferability forward and backward allowing for interoperability

Standardization:
- Reduces provider burden
- Increases reliability and validity
- Offers meaningful application to providers
- Facilitates patient centered care, care coordination, improved outcomes, and efficiency

- Fosters seamless care transitions
- Evaluates outcomes for patients that traverse settings
- Allows for measures to follow the patient
- Assesses quality across settings, and Inform payment modeling
As Is:

- Nursing Homes
- LTCHS
- Home Health Agencies
- IRF-PAI
- OASIS
- Inpatient Rehab Facilities
- Hospitals
- Physicians
- Outpatient Settings

No Standard Data Set

As Is: Multiple Incompatible Data Sources

To Be:

- Uniform Data Elements
  - Across Providers
  - Standardized
  - Nationally Vetted

GOAL:

- Uniform Assessment Data Elements
  - Enable Use/re-use of Data
    - Exchange Patient-Centered Health Info
    - Promote High Quality Care
    - Support Care Transitions
    - Reduce Burden
    - Expand QM Automation
    - Support Survey & Certification Process
    - Generate CMS Payment
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
  – Measures lack harmonization
  – 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
Current State: Data Harmonization

- IRFs
- LTCHs
- SNFs

Pressure Ulcer

Settings

Other
### CMS’ Quality Reporting and Performance Programs

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<th>Post Acute Care Reporting</th>
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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
Building the Future State

- Assessment Instrument/Data Sets use uniform and standardized items
- Measures are harmonized at the Data Element level
- Providers/vendors have public access to standards
- Data Elements are easily available with national standards to support PAC health information technology (IT) and care communication
- Transfer of Care Documents are able to incorporate uniform Data Elements used in PAC settings, if desired
- Measures can evaluate quality across settings and be used for setting comparisons
• Facilities are able to 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
• Incorporates needs beyond healthcare system
The Ideal Document and Data Elements would:

- Stop the push and pull of competing documentation needs
- Be naturally occurring in patient care documentation
- Able to serve multiple purposes
- Create a common spoken and IT language
- Allow for reusable data
- E-specified using Federally accepted standards
  - Allow for Interoperability
- Facilitate care coordination through standardizes communication
- Be usable across the continuum of care, and beyond the healthcare system
- Meet these requirements:
  - Reflect natural Create useful information for patient care communication and transfers of care
  - Supply quality related information
  - Be available for payment methodology
Ideal State: **Considerations**

- Does the data element reflect natural patient care documentation?
- Is the data element useful in patient care communication and transfers of care?
- Is the data element useful for supplying quality related information?
- Is the data element useful for payment methodology?
Future and Ideal States: *Use of Data Elements*

- Data library of standardized elements
- Settings can pull from standardized inventory for data elements needed for assessments and/or measures
- Data elements serve multiple purposes, specifically a clinical purpose
- Use of standardized data elements in any setting, for multiple purposes
- eSpecified
Future State of Measures

- Measures are able to use the same data elements; these measures applied to multiple settings are eSpecified
- Use of standardized data elements
- eSpecified
Future and Ideal States: **Considerations**

- Alignment and harmonization of measures *at the data element level*
- Feasible across settings
- Data elements meet meaningful criteria
- Allow for trajectory evaluation of quality across the continuum of care
- Data elements are usable for multiple purposes
- Meet the unique needs of the provider type
Data Element Standardization Vision

Standardized, Interoperable, Reusable EHR Data: Supports CMS & Multiple Other Users’ Needs

Providers’ EHR

Data Library
- Data Sets
- Metadata
- Specifications
- Quality Data Model
- CUMs

HIEs
- HIO
- Registries
- Other Data Intermediaries

CMS Data Element Library: Standardizing Data Content, Data Collection Vehicle, Data System Infrastructure, Deployment Strategy

NH: MDS
LTCH CARE Data Set
IRF: IRF-PAI
HOSPICE
HHA: OASIS
HOSPITAL

CARE: core data items

CMS

Business Needs
- Quality Reporting
- Payment
- Program Integrity
- Regulatory Compliance

Other Data Users
- Federal Agencies
- States
- Providers
- Researchers/ Clinicians
- Patients/Beneficiaries

* Data Library could reside with in CMS or elsewhere...USHIK, NQF, ONC...

Illustration Source: November 29, 2012  CMS Functional and Outcome Measures Briefing
Progress to date

• Implementing the *concept* created by CARE:
  
  — **LTCH CARE Data Set:** The first production use of a cross/multi-setting, set of standardized data using only data elements tested/reliable and/or “best in class”
    
    ✔ Implementation of “uniform” data elements
    
    ✔ First production Quality Reporting Program (QRP) use of CARE data elements (*function*)
    
    ✔ Standardized use of the same assessment data elements used to populate a single measure in 3 settings
    
    ✔ Hybrid of CARE and MDS 3.0 - implemented October 2012
    
    ✔ Launched first Data Item Library for PAC assessment tools
    
    ✔ Submission to CMS electronically via the Quality Information Exchange System (QIES)
      
      ➢ Using same data submission specifications
      
      ➢ Able to link patient/resident assessments across settings
Collaboration and Synergy

• Center for Medicare & Medicaid Innovation (CMMI):
  – B CARE: streamlined version of the CARE Item Set
    • Considered for use within the Bundled Payments for Care Improvement (BPCI) Initiative.
  – CARE C: Hybrid of CARE and other Standardized Data Elements:
    • Developing Outpatient Therapy Payment Alternatives (DOTPA).
    • The ultimate goal is to develop payment method alternatives to the current financial cap on outpatient therapy services.

• Center for Clinical Standards and Quality (CCSQ):
  – Incrementally substituting PAC assessment-based data collection vehicles using data elements and formats in a uniform manner across settings
  – Evaluating use of CARE data elements for functional measures, possibly others
  – Standing up CMS Assessment Data Element Library and Data Governance Board
    • Intend to provide data element mapping across assessment tools to national standards and functional data elements to Improving Massachusetts Post-Acute Care Transfers (IMPACT)
Collaboration and Synergy (con’t)

• Center for Medicaid, CHIP and Survey and & Certification (CMCS)/ Home and Community-Based Services (HCBS)
  – Applying assessment elements into the beneficiaries life outside of the healthcare setting CCSQ
  – Aligning cross/multi-setting quality measurement - at the data element level
  – Standardizing data assessment, multi-setting standardization
  – Evaluating function items from CARE
  – Preferring electronic availability

• Quality Improvement Group (QIG)
  – Using of standardized measures/key triggers within the healthcare system, and in the community, to foster excellence and improved outcomes in a measurable way
  – Evaluating function items from CARE
  – Preferring electronic specification /interoperability
Coordination

• Continued coordination across CMS components, SMEs, and Contractors
• Ongoing collaboration within CMS to identify common uses of PAC assessment data elements that are “Best in Class” including those from CARE
• Launching CMS Assessment Data Element Library Development
  – Designing publically available comprehensive data element library to include mapping for all PAC assessment questions/responses
  – Mapping to national standards: identification of gaps
    • Ensure alignment with other federal/national EHR interoperability efforts (USHIK, VSAC, QDM, eMeasures, S&I Framework, etc.)
  – Standing up of CMS Data Governance Board
Data Element Library Concept

**Data Consumers**
- Care Planning
- CQM Reporting
- Payment (CMS/Stats)
- Program Integrity and Reg Compliance
- Research
- Survey and Certification
- Patient Transfers
- Other Data Users

**CMS Data Sets**
- NH: MDS
- HHA: OASIS
- IRF: IRF:PAI
- LTCH: CARE Data Set
- HOSPICE Item Set (not assessment based now)
- eCQM Reporting: QDM
- Payment
- CARE

**Data Element Library**
- Standardized metadata, patient data, unique identifiers (Questions, Responses and Data), clinical vocabularies and exchange standards mappings

Standardized data derived from CMS LTPAC Patient Assessment Instruments, Clinical Quality Measures (CQMs), and other data requirements

Data sets validated and applied by each Data Consumer
Data Element Library
Governance Structure Proposal

Data Element Library
May 1, 2013

Governance Board:
- Members:
  - CCSQ
  - CM
  - CMCS
  - CMMI
  - Owning Org Reps

Workgroups:
- Stewards Workgroup
- Standards Workgroup
- Library Management Workgroup

Stakeholders:
- ONC
- ASPE
- AHRQ
- NLM
- Providers
- States
- Researchers
- Patients/Beneficiaries
- Taxpayers
Additional Considerations

• Address impact of gaps in data standardization requirements
  – Different data definitions, measurement scales, periods, data formats, and needed unique data identifier system

• Clearly define Data Governance framework and establish data management roles and operational processes
  – Data Set Library Chief, Data Owners, Change Control Workgroups (change request and emergency change requests), versioning and audits, access and distribution, alignment to CMS Data Governance processes

• Ensure alignment with other federal/national EHR interoperability efforts (USHIK, VSAC, QDM, eMeasures, S&I Framework, etc.)

• Identify additional resources required to implement and operationalize