Interoperability: The IMPACT Act, Post-Acute Care Assessments, & the Data Element Library

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Acronyms in this Presentation

- CMS – Centers for Medicare & Medicaid Services
- DCPAC – Division of Chronic and Post-Acute Care
- DEL – Data Element Library
- HHA – Home Health Agency
- HIS – Hospice Item Set
- HIT – Health Information Technology
- IMPACT – Improving Medicare Post-Acute Care Transformation Act
- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility Patient Assessment Instrument
- LCDS – LTCH CARE Data Set
- LOINC – Logical Observation Identifiers Names and Codes
- LTCH – Long-Term Care Hospital
- MDS – Minimum Data Set
- OASIS – Outcome and Assessment Information Set
- PAC – Post-Acute Care
- SNF – Skilled Nursing Facility
- SNOMED-CT – Systematized Nomenclature of Medicine - Clinical Terms
- SPADEs – Standardized Patient Assessment Data Elements
Agenda

• What is Post-Acute Care?
• The Improving Medicare Post-Acute Care Transformation (IMPACT) Act
• Post Acute Care Assessments
• The Data Element Library
• The Provider’s Perspective
• Opportunities/Next Steps
### Post-Acute Care

<table>
<thead>
<tr>
<th>PAC Setting</th>
<th>CMS Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term Care Hospitals (LTCH)</td>
<td>LTCH Continuity Assessment Record &amp; Evaluation (CARE) Data Set (LCDS)</td>
</tr>
<tr>
<td>Skilled Nursing Facilities (SNF)</td>
<td>Resident Assessment Instrument (RAI) Minimum Data Set (MDS)</td>
</tr>
<tr>
<td>Home Health Agencies (HHA)</td>
<td>Outcome and Assessment Information Set (OASIS)</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facilities (IRF)</td>
<td>IRF Patient Assessment Instrument (IRFPAI)</td>
</tr>
<tr>
<td>Hospices</td>
<td>Hospice Item Set (HIS)</td>
</tr>
</tbody>
</table>

- Approximately 33,000 PAC Providers in the U.S.
- Almost 45% of Medicare hospital discharges are followed by PAC use \(^{(1)}\)
EHR adoption rates were higher among HHAs compared to SNFs in 2017.

HHAs are more likely than SNFs to engage in each domain of interoperability.

• Bi-partisan bill passed on September 18, 2014, and signed into law October 6, 2014

• The Act requires *standardized* patient assessment data elements for:
  - LTCHs: LCDS
  - SNFs: MDS
  - HHAs: OASIS
  - IRFs: IRF-PAI

• The Act specifies that data “... 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 of such data that has been so exchanged, including by using common standards and definitions in order to provide access to longitudinal information for such providers to facilitate coordinated care and improved Medicare beneficiary outcomes...”.

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

• Data Must be Interoperable

• Quality Measures
  – Functional Status
  – Skin Integrity
  – Medication Reconciliation
  – Incidence of Major Falls
  – Transfer of Health Information
  – Medicare Spending per Beneficiary
  – Discharge to Community
  – Potentially Preventable Hospital Readmissions

• Standardized Data Submission
  – Admission and Discharge
  – Functional status
  – Cognitive function and mental status
  – Special services, treatments, and interventions
  – Medical conditions and co-morbidities
  – Impairments
  – Other categories required by the Secretary
### Post-Acute Care Assessments

#### OASIS C2

**Living Arrangements**

<table>
<thead>
<tr>
<th>M1000</th>
<th>Patient Living Situation: Which of the following best describes the patient's residential care? (Check one box only.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Patient lives alone</td>
</tr>
<tr>
<td>b.</td>
<td>Patient lives with other person(s) in the home</td>
</tr>
<tr>
<td>c.</td>
<td>Patient lives in a congregate setting (for example, assisted living, residential care home)</td>
</tr>
</tbody>
</table>

**Sensory Status**

<table>
<thead>
<tr>
<th>M1200</th>
<th>Vision (with corrective lenses if the patient usually wears them)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Enters normal vision. Only vision that is adequate in most situations allows patient to see medication labels, newspapers, or read objects at arms length.</td>
</tr>
<tr>
<td>b.</td>
<td>Partially impaired: Patient cannot see medication labels or newspapers, but can use objects or read objects at arms length.</td>
</tr>
</tbody>
</table>

#### Section B

**Hearing, Speech, and Vision**

<table>
<thead>
<tr>
<th>B0100</th>
<th>Comatose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>persists vegetative state/no discernible consciousness</td>
</tr>
<tr>
<td>b.</td>
<td>Expression of ideas and wants (3-day assessment period)</td>
</tr>
<tr>
<td>c.</td>
<td>Understanding Verbal and Non-Verbal Content (3-day assessment period)</td>
</tr>
</tbody>
</table>

#### Section H

**Bladder and Bowel**

<table>
<thead>
<tr>
<th>M1000</th>
<th>Urinary Incontinence Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>a. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) attempted or implemented?</td>
</tr>
<tr>
<td>b.</td>
<td>b. Yes: Urinary Incontinence</td>
</tr>
<tr>
<td>c.</td>
<td>c. No: Urinary Incontinence</td>
</tr>
<tr>
<td>d.</td>
<td>d. Unlikely to Determine: Current Toileting Program or Trial</td>
</tr>
</tbody>
</table>

#### Section I

**Laboratory Data**

<table>
<thead>
<tr>
<th>I1000</th>
<th>Laboratory Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>a. Hemoglobin</td>
</tr>
<tr>
<td>b.</td>
<td>b. White Blood Cells</td>
</tr>
<tr>
<td>c.</td>
<td>c. Platelet Count</td>
</tr>
<tr>
<td>d.</td>
<td>d. serum creatinine</td>
</tr>
</tbody>
</table>

#### Section M

**Medication Information**

<table>
<thead>
<tr>
<th>M1100</th>
<th>Medication Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>a. Ongoing Medications</td>
</tr>
<tr>
<td>b.</td>
<td>b. Admitting Medications</td>
</tr>
<tr>
<td>c.</td>
<td>c. Post-Discharge Medications</td>
</tr>
</tbody>
</table>

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**Final LTCH CARE Data Set Version 4.00, Admission - Effective July 1, 2018**
PAC Assessment Content

• **Administrative Content**
  – Patient Name
  – Date of Birth
  – Race/Ethnicity
  – Marital status
  – Admission/Discharge dates
  – Admit from/Discharged to locations
  – Reason for admission
  – Provider NPI, CCN, Medicaid Provider #

• **“SPADEs”**
  – Function (e.g., self care and mobility)
  – Cognitive function (e.g., express & understand ideas; mental status, such as depression and dementia)
  – Special services, treatments & interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
  – Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
  – Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)
  – Other categories

• **Clinical Content**
  – Diagnosis/medical conditions
  – Mental/Cognitive Status (memory, orientation, consciousness, delirium, mood, behavior)
  – Communication (express needs, understanding verbal/non-verbal content, hearing and vision)
  – Functional Status (Self-care/ADLs, Mobility, Use of assistive devices)
  – Bladder and Bowel continence
  – Falls
  – Pressure ulcers and other skin conditions
  – Surgery
  – Nutritional and swallowing status
  – Medication information
  – Special treatments, procedures & programs
  – Height and Weight
  – Patient preferences and goals of treatment
  – Pain
  – Vaccinations
  – Therapy- PT, OT, SLT
  – Living arrangements/support availability
  – Care planning
Data Elements: Standardization
One Question → One Response: Many Uses

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06.</td>
<td>Independent - Patient completes the activity by him/herself with no assistance from a helper.</td>
</tr>
<tr>
<td>05.</td>
<td>Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.</td>
</tr>
<tr>
<td>04.</td>
<td>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.</td>
</tr>
<tr>
<td>03.</td>
<td>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.</td>
</tr>
<tr>
<td>02.</td>
<td>Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
</tr>
<tr>
<td>01.</td>
<td>Dependent - Helper does ALL of the effort. Patient does none of the effort to complete the task.</td>
</tr>
</tbody>
</table>

**GG0160. Functional Mobility**
(Complete during the 3-day assessment period.)

**Code the patient's usual performance using the 6-point scale below.**

<table>
<thead>
<tr>
<th>Enter Codes in Boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Roll left and right: The ability to roll from lying on back to left and right side, and roll back to back.</td>
</tr>
<tr>
<td>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Data Element & Response Code**

- Care Planning/Decision Support
- QI
- Quality Reporting
- Payment
- Care Transitions
Use Case: The Patient Story
The Data Element Library

• The (DEL) is a centralized resource for CMS assessment data elements (e.g. questions and response options), and their associated mappings to nationally accepted health information technology (IT) standards.

• Use is encouraged to:
  – Support provider exchange of electronic health information for better care coordination
  – Enable more seamless/less costly health information exchange
  – Reduce overall provider burden through use and exchange of health care data
  – Promote high quality, personalized, efficient health care
  – Support real-time, data driven, clinical decision making

• Search and generate reports (assessment questions & response options, their attributes, and linked HIT standards)

• No patient data

Visit the DEL here: https://del.cms.gov
Making PAC Assessment Data Elements Standardized/Aligned and Interoperable

Align Data Questions and Responses in Federal Assessment Instruments

IRF-PAI  LCDS  MDS  OASIS

HIT Content Standards (e.g.):
LOINC, SNOMED CT

HIT Exchange Standards (e.g.):
HL7 C-CDA Documents/Emerging standards (FHIR)

Documents:
Care Plan, Transfer Summary, Consultation Note, Referral
Data Follows the Person

Long Term and Post Acute Care (LTPAC):
- SNF/NF
- IRF
- HHA
- LTCH

Primary Care Provider (PCP)

Family Member/Caregiver

Acute Care/ Critical Access Hospitals (CAH)

Other Providers (e.g., pharmacies, dentists...)

Emergency Medical Services (EMS)

Long Term Services and Supports (LTSS)
- Home and Community Care Based Services (HCBS)
- Assisted Living Facilities (ALF)
The Provider’s Perspective

- **Medical Stakeholders:**
  - Primary/Principal Care Physician
  - SNF (and other PAC Facilities)
  - Home Health Agency
  - Dialysis Center
  - Acute Care Hospital

- **Other Stakeholders**
  - Case Manager
  - EMS
  - Pharmacy

- **Non-Medical Stakeholders:**
  - Patient and Family/Immediate Caregivers
  - Home and Community Based Service Providers
## Who Needs PAC Assessment Content?

### Stakeholders

<table>
<thead>
<tr>
<th>Clinical Content</th>
<th>Patient and Family</th>
<th>HCBS</th>
<th>Home Health</th>
<th>SNF, IRF, LTCH</th>
<th>Dialysis Center</th>
<th>Acute Care Hospital</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis/medical conditions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mental/Cognitive Status</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Communication</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Functional Status</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bladder and Bowel continence</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Falls</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Pressure ulcers and other skin conditions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Surgery</td>
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<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Nutritional and swallowing status</td>
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<td>X</td>
<td>-</td>
<td>X</td>
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<tr>
<td>Medication information</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Special treatments, procedures &amp; programs</td>
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<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Height and Weight</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Patient preferences and goals of treatment</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Pain</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Therapy- PT, OT, SLT</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Living arrangements/support availability</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Care planning</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
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<tr>
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<th>Case Manager</th>
<th>Community Pharmacist</th>
<th>EMS</th>
</tr>
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<tbody>
<tr>
<td>Diagnosis/medical conditions</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Opportunities/Next Steps

• DEL Surveys
  – New Feedback Button- coming soon

• DEL Contractors (NIC, Telligen, RTI, and MITRE)
  – Landscape Analysis of PAC Interoperability
  – Participation in Roundtable Discussions
  – FHIR APIs- Implementation Guide Development, Connect-a-thon
    • Open to all providers who exchange data with PACs
Industry Expert Roundtable on CMS Data Element Library

- Provided feedback on how the CMS Data Element Library (DEL) can be used to:
  - Inform healthcare policies
  - Advance interoperability
  - Support transfer of care, coordination of care, quality measurement, and research

Suggested clarifying scope of DEL and how it should be used by stakeholders; Ideas for future development.

Identified priority use cases for transfer summary and care planning; Suggested ways the DEL to support outreach & testing.

Become a resource to connect industry standards – align with other tools, identify/point to relevant standards, fill gaps.
CMS Incentive through State Medicaid Director Letter (#16-003)

Medicaid HITECH funds are now available to support states in their initiatives to expand interoperability and data sharing related to connecting professionals and hospitals that are eligible for Medicaid EHR Incentive Payments to other Medicaid providers, including behavioral health, long-term care providers (including nursing facilities), home health providers, and other Medicaid providers, including community-based Medicaid providers.

- **This funding is in place until 2021** and is a 90/10 Federal State match. The state is still responsible for providing the 10%.
- The funding is for HIE and interoperability **only**, not to provide EHRs.
- The funding is for implementation **only**, it is not for operational costs.
- The funding still must be cost allocated if other entities than the state Medicaid agency benefit.
- **All providers or systems supported by this funding must connect to Medicaid Eligible Providers**

For more information:
Resources

• For more information on the IMPACT Act, visit the IMPACT Act webpage

• For more information on Post-Acute Care Quality Reporting Programs, visit:
  • Home Health Agencies
  • Hospice Agencies
  • Inpatient Rehab Facilities
  • Long-term Care Hospitals
  • Skilled Nursing Facilities

• For DEL updates, sign up for the listserv here
• For DEL feedback or questions, contact: DELHelp@cms.hhs.gov

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