Data Standardization: Looking Forward in Post-Acute Care
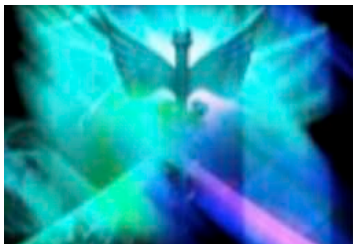
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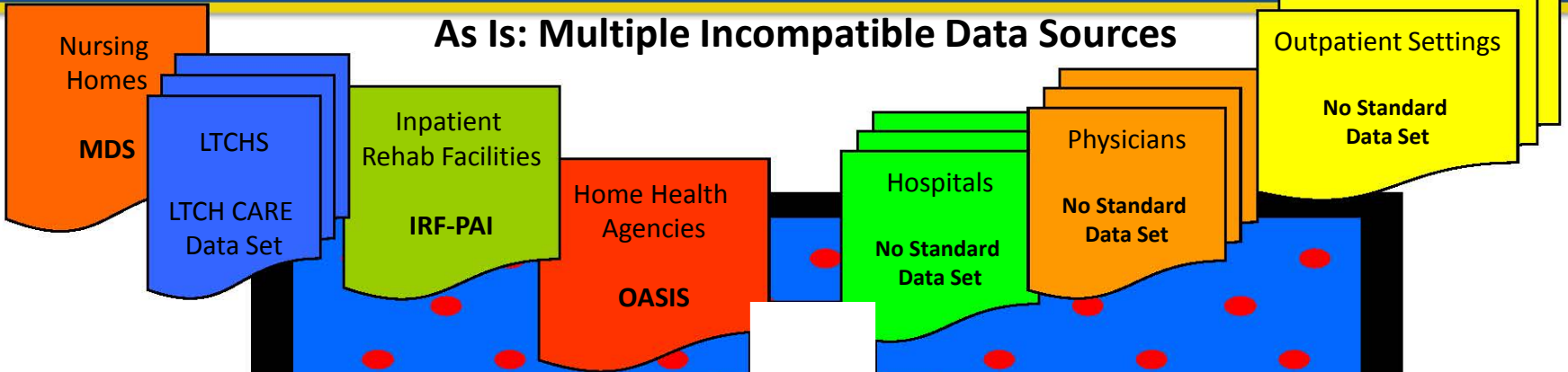
Standardized Assessment Data Collection Vehicles

- Minimum Data Set (MDS)

- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI)

- Outcome and Assessment Information Set (OASIS)

- Long-term Care Hospital Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set)

- Hospice Item Set (HIS)

MDS

- Section 1819 of the 1983 Social Security Act (42 U.S.C. 1302 and 1395hh)
  - Specify a minimum data set of core elements and common definitions for use by **nursing facilities** in conducting the assessments required under subsection (b)(3), and establish guidelines for utilization of the data set;
  - The Federal Nursing Home Reform Act from the 1987 Omnibus Budget Reconciliation Act (OBRA) creates a set of national minimum set of standards of care and rights for people living in certified nursing facilities.

OASIS

- The **home health** Outcome and Assessment Information Set (OASIS) collection regulations (1999 HCFA-3007-F) and (1999 HCFA-3006-IFC) announced the effective date for the mandatory use, collection, encoding, and transmission of OASIS data for all Medicare/Medicaid patients receiving home health skilled services

IRF PAI

- Section 4421 of the Balanced Budget Act of 1997 (Public Law 105-33), as amended by section 125 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (Public Law 106-113), and by section 305 of the BIPA:
  - Authorizes the implementation of a per discharge prospective payment system (PPS), through section 1886(j) of the Social Security Act, for inpatient rehabilitation hospitals and rehabilitation units - referred to as **inpatient rehabilitation facilities (IRFs)**.
  - The IRF PPS will utilize information from a patient assessment instrument (IRF PAI) to classify patients into distinct groups based on clinical characteristics and expected resource needs.
    - Separate payments are calculated for each group, including the application of case and facility level adjustments.

LTCH CARE Data Set

- In accordance with section 1886(m)(5) of the Act, as added by section 3004(a) of the Patient Protection and Affordable Care Act, the Secretary established the Long-Term Care Hospital Quality Reporting (LTCHQR) Program.

- LTCH CARE Data Set used for electronic submission to CMS standardized assessment data elements

- Hybrid of Best in Class uniform data elements from the MDS version 3.0 and the Continuity Assessment Record and Evaluation (CARE) Tool

- Implemented on October 1, 2012

CARE: Background

- **2000: Benefits Improvement & Protection Act (BIPA)**
  - mandated standardized assessment items across the Medicare program, to supersede current items

- **2005: Deficit Reduction Act (DRA)**
  - Mandated the use of standardized assessments across acute and post-acute settings
  - Established 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

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

Future State: *Data Standardization*

- Facilitates achievement of the National Quality Strategy Six Priorities, and the Three Part Aim – better care, better health, cost savings

- Facilitates an ability to evaluate the impact/quality related to transitions in care – acute, post acute, LTC, long-term services & community

- Standardizes communication across providers, service systems

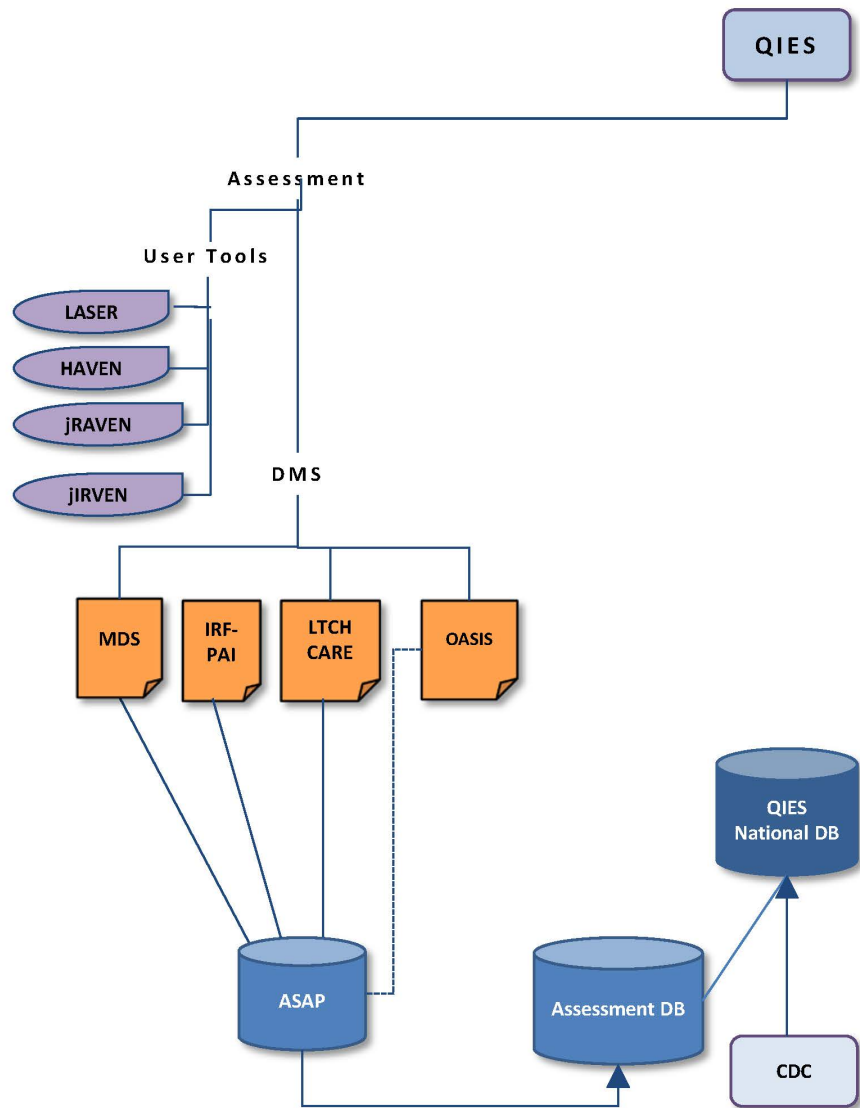- Evaluate outcomes across service delivery systems

Building the Future State

- Assessment Instrument/Data Sets: use of **uniform and standardized items**
- **Measures 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 outcomes across multiple settings
- **Measures can follow the person**

Keeping in Mind, the Ideal State

- 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**

- **Measures follow the person**

- **Incorporates** needs **beyond healthcare system**

QIES
ASSESSMENT DATA

Assessment Data

- Assessment Software Development

- Assessment and Payment Initiatives

- Quality Initiatives

Assessment Software Development

- Nursing Homes – MDS 3.0
  - Skilled nursing facilities (SNFs)
  - Nursing facilities (NFs)
  - Swing beds (SBs) – non-CAHs
- Home Health Agencies (HHAs) – OASIS-C
- Inpatient Rehabilitation Facilities (IRFs) – IRF-PAI
- Long Term Care Facilities (LTCHs) – LTCH CARE Data Set

Assessment Software Development – MDS 3.0

- Item Sets
- Data specifications
- Error messages and reports
- VUT
- jRAVEN (RAVEN, SB-RAVEN)
- RUG-IV and RUG-III
- Care Assessment Areas (CAAs)
- MDS Active Resident Episode Table (MARET)

Assessment Software Development – OASIS-C

- Data specifications

- Error messages and reports

- HAVEN (jHAVEN & VUT - future)

- (HHRG)

Assessment Software Development – IRF-PAI

- Data specifications
- Error messages and reports
- VUT
- jIRVEN
- CMG
- QRP

Assessment Software Development – LTCH CARE Data Set

- Data specifications
- Error messages and reports
- VUT
- LASER
- QRP

Assessment Software Development - General

- User Guide Manuals

- Vendor calls

- Help Desk

- Tech email boxes
  - MDS
  - IRF
  - LTCH

Assessment & Payment Initiatives

- MDS
  - Section S – States
  - Additional items – States
  - Money Follows the Person
  - Survey & Certification
  - RUG-IV – Center for Medicare
  - RUG-III – States
  - FI extract

Assessment & Payment Initiatives

- OASIS
  - Survey & Certification
  - HHRG
  - RHHI extract

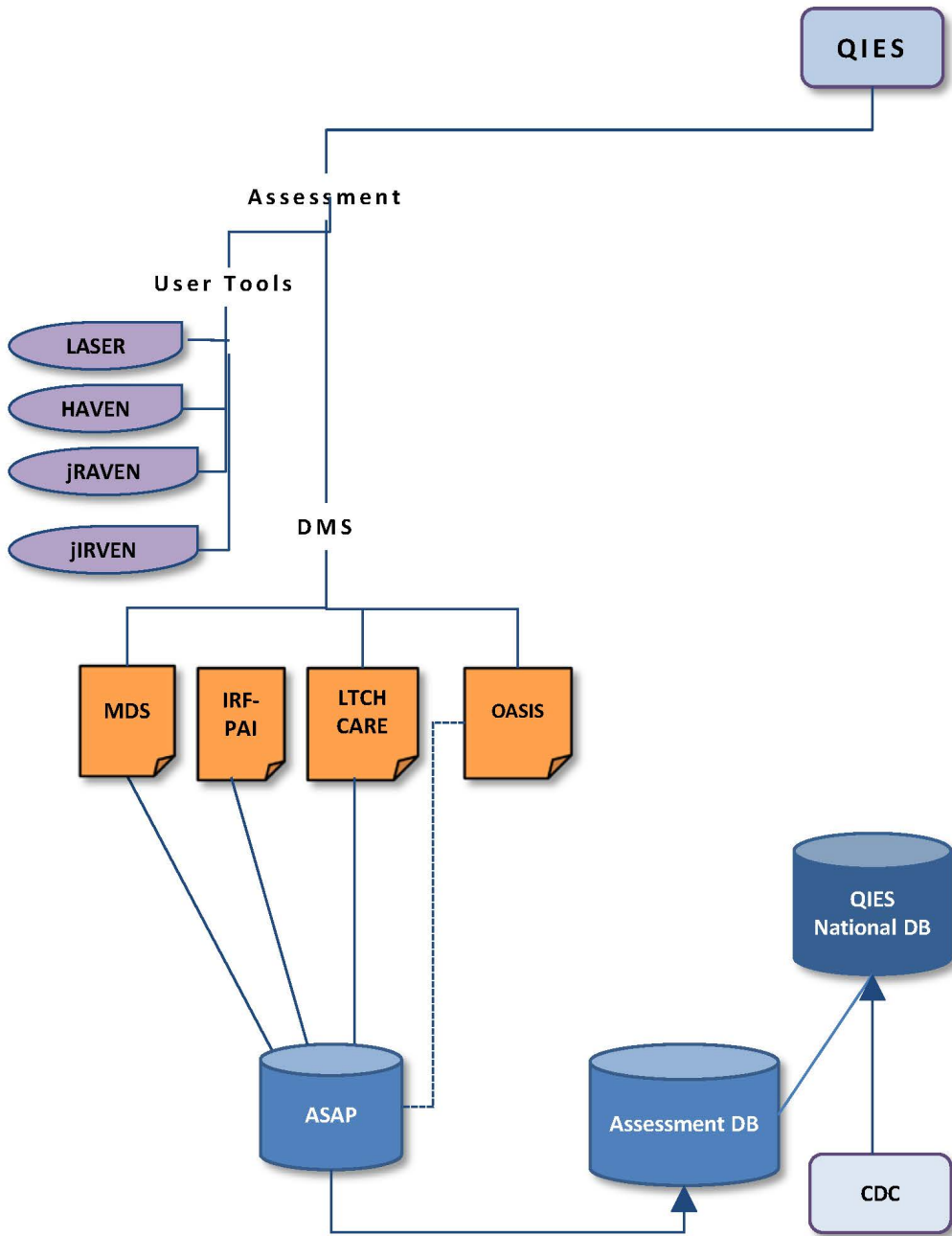# Assessment & Payment Initiatives

- IRF
  - Rehab eligibility
  - CMG
  - IRF viewer
  - Claims validation

Quality Initiatives

- Survey & Certification

- Nursing Home Compare

- 5-Star Program

- Home Health Compare

- HHA Pay for Reporting

- HH Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Quality Initiatives

- Quality Reporting Program – ACA 3004
  - Data submitted to CMS
    - LTCH
    - IRF
    - Hospice
  - Data submitted to CDC
    - LTCH
    - IRF

MDS 3.0 Data Flow
12/27/2011

Provider

File Submission

MDS Preview Reports

Validation Reports

Submission Uploaded Message

Provider Reports

Assessment Submission and Processing (ASAP) Database

National Reporting Database

MDS 3.0 DMS Options

State Extract Files

State Agency

State Extract Files

CMS State Database