

December 11, 2013

Statement to the HIT Policy Committee's Certification and Adoption Workgroup
Certification for Long Term and Post and Acute Care (LTPAC) settings
Panel 4: Regulatory Perspective

CMS would like to thank the HIT Policy Committee's Certification and Adoption Workgroup for the invitation to participate in this important discussion of a long term post-acute care (LTPAC) certification program and its impact on patient assessments. CMS supports the expansion of meaningful use and interoperability of EHRs that would facilitate the electronic transfer of patient health information across all settings, including the LTPAC settings.

We are aware that interoperability rests with the use of assessment data uniformity. Currently, CMS collects uniform data by setting, in post-acute care. Early work related to cross-setting assessment data uniformity began with the Medicare, Medicaid, and SCHIP (State Children's Health Insurance Program) Benefits Improvement and Protection Act of 2000 (BIPA) requiring the Secretary to submit a report to Congress on the development of standard instruments for the assessment of the health and functional status of Medicare patients who receive hospital, rehabilitation, SNF, home health, therapy, or other specified services.

Further, the Deficit Reduction Act of 2005 (DRA) directed CMS to develop methods for consistently measuring Medicare beneficiaries' health status across acute and post-acute care (PAC) settings. The DRA also established a Post-Acute Care Payment Reform Demonstration (PAC PRD) to use the standardized data and develop recommendations for refining current PAC payment methodologies. The DRA called for standardized assessment items to be used in the acute and PAC settings participating in the PAC PRD. The CARE Tool was developed as part of the national Post-Acute Care Payment Reform Demonstration (PAC-PRD) mandated by Congress under the Deficit Reduction Act of 2005. In addition, the CARE Tool was evaluated for interoperability.

The subsequent CARE Tool data set, comprised from uniform data elements, was designed to standardize assessment of patients' medical, functional, cognitive, and social support status across acute and post-acute settings and was designed

to standardize the items used in each of the existing assessment tools while posing a minimal administrative burden to providers. Its development was a multipronged effort that elicited extensive input from numerous stakeholders, experts, clinical groups, and information technology experts.

The PAC PRD, and work related to the CARE Tool allowed CMS to identify multiple potential concepts surrounding the application of uniform assessment-based data elements; including the ability to use-reuse uniform information, and the electronic transferability and interoperability of such common information.

We look forward to working with our colleagues at ONC and the HIT Policy Committee to further explore implementation of EHRs in the PAC setting in service of accelerating improvement in outcomes for Medicare beneficiaries.