Demonstrating CARE: Is a Unified Federal Assessment Tool on the Horizon?

by Kevin Heubusch

A care assessment tool for Medicare beneficiaries, currently used in a demonstration project, points the way to a unified, standardized federal assessment tool.

Patients who transition between inpatient, rehabilitation, and long-term care facilities face risk. Their transitions are often hampered by insufficient information, a result of the differing data sets used across settings, and a lack of real-time, longitudinal reporting.

That could change in time. A demonstration project under way by the Centers for Medicare and Medicaid Services (CMS) points toward a unified and standardized federal assessment tool that could improve continuity of care as patients transfer between providers and across settings.

The Continuity Assessment Record and Evaluation (CARE) instrument comes in response to a Congressional mandate related to analyzing Medicare utilization and cost. However, it may offer a tool or model for integrating current multiple, nonaligned federal assessment instruments.

The Payment Demonstration

CARE is a standardized data set used through an Internet-based health and functional assessment instrument. It is not a federally mandated instrument for use; it currently is being tested in a payment demonstration that began this spring.

CARE came about under the Deficit Reduction Act of 2005, which requires that CMS conduct a three-year payment demonstration to better understand utilization and cost across post-acute care providers, says Judith Tobin, PT, MBA, of the Centers for Medicare and Medicaid Services. Tobin is a technical analyst in the Office for Clinical Standards and Quality, which developed the tool.

"The dilemma we have always had as a major payer of healthcare," says Tobin, "is that currently post-acute care provider sites, skilled nursing facilities, inpatient rehabilitation, home health, and long-term care hospitals use different ways to assess and measure patients. So there hasn't been a good way to compare health and functional outcomes and compare what it is we pay for those services."

Congress mandated that CMS develop a uniform assessment instrument that could be used in the demonstration to measure function along the same scale at the time of hospital discharge and measured at admission and discharge from various post-acute care settings.

The demonstration is being conducted under CMS's Office of Research, Development and Information in conjunction with Research Triangle International, which is helping lead the demonstration.

The first users for the demo are hospitals, skilled nursing facilities, long-term care hospitals, home health agencies, and inpatient rehab facilities in the Boston market, says Tobin. The demonstration will roll out to 10 US markets representative of geographic areas of concentration for Medicare Part A beneficiaries. Data collection will continue into 2010, with a report due to Congress in 2011.

Federally mandated assessment instruments will remain in use—the Minimum Data Set (MDS) in nursing homes; Outcome Assessment Information Set (OASIS), used in home health; and the Inpatient Rehabilitation Facility Patient Assessment Instrument in inpatient rehabilitation facilities. Those instruments continue to evolve. An update to OASIS is expected in early 2009; a new version of MDS will take effect later that year.

Linking Assessment Data to Content Standards

While the CARE tool offers a way to align federal assessment instruments, the data elements do not employ content standards, which would enable them to exchange assessment data in a standardized way. A separate project under way through CMS seeks to make that connection.

The project is creating and testing a method to apply recognized content standards to federal assessment instruments, says Michelle Dougherty, MA, RHIA, CHP, a director in practice leadership at AHIMA and the project's director. Standards would facilitate the exchange of assessment data because the information would carry meaning across settings and instruments.

The project is focused on MDS and OASIS, but the same process could be used for CARE and other assessment instruments, Dougherty says, because ultimately the work is about creating a process of mapping and validation.

The standards will also assist post-acute and long-term care vendors and providers in developing and using interoperable products, ones that would integrate into the emerging nationwide health information network.

AHIMA's Foundation of Research and Education (FORE) has contracted with the Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services to perform the work.

Seeking Standardized Clinical Meaning

Currently the MDS and OASIS instruments do not employ content standards. Answers to some questions (such as a yes or no or demographics) do not carry clinical meaning. Answers such as "short term memory impaired" still require mapping to a standard concept to convey standardized meaning across settings and providers.

FORE is looking to classifications and terminologies such as LOINC, SNOMED, and ICD—standards included in the federal government's Consolidated Health Informatics set or identified by the Healthcare Information Technology Standards Panel.

At the project's completion, FORE will deliver lists of the MDS and OASIS data elements mapped to related concepts. The process will be replicable for any instrument.

FORE also will deliver guidelines on conforming the assessment tools to the Continuity of Care Document and the Clinical Document Architecture, emerging standards for interoperable data exchange.

A report will explore the potential barriers to making standards-enhanced assessment instruments widely available through the National Institutes of Health's Unified Medical Language System. There are intellectual property issues, Dougherty says, as some developers may have rights to all or part of the federal instruments.

The project is scheduled to finish in September 2009. It may be possible that CMS can begin applying some of the work sooner as it rolls out new versions of MDS and OASIS.

Aligning with Other Initiatives

CARE consists of a core set of assessment items common to all settings and patients. It is, in effect, a master data set selected from the existing instruments, with some new elements added. Elements are organized under major domains, including medical, functional, cognitive impairments, and social/environmental factors.

The tool's development went forward with an acute awareness of data interoperability and standardization initiatives already in motion throughout the federal government, says Tobin.

"You have a lot of people working in parallel, and we're trying to understand each other's initiatives to see where they might be able to piggyback on each other and where we can align efforts to come to some standardization of these assessment items," she says.

"We're trying to be good federal partners in that we understand the overarching direction of the [Office of the National Coordinator], the direction people are going in terms of standard terminologies, standard technologies."

The instrument, however, must meet the demonstration requirements. "In the meantime we have this here-and-now Congressional mandate to launch the demonstration and collect the data," Tobin says. "We needed to move forward at the point where we are now, but build this instrument in a way that it hopefully can evolve with the technology and evolve as the standards become more settled."

The CARE instrument will also find its way into CMS's Quality Improvement Organization (QIO) Program when new contracts begin this summer.

The ninth scope of work will task QIOs with improving care transition of Medicare beneficiaries between settings. A limited number of QIOs will test the CARE tool.

"What the data shows us is that a significant percentage of Medicare beneficiaries are rehospitalized within 30 days of being discharged from the hospital," says Tobin. "The evidence shows that something happened in that transition, and something needs to be improved so that those folks aren't at risk of rehospitalization. So this theme is exploring those root causes and what are some interventions to improve those transitions for Medicare beneficiaries."

One potential intervention, she says, is use of a standardized instrument such as the CARE tool. Currently it is proposed that CMS will select 10 to 15 QIOs to implement the transition theme and that the CARE instrument would be one tool they could use.

"Tremendous Potential"

A long-term initiative, Tobin says—and one in the early stages of discussion—would be to converge the various federal instruments into a single instrument.

"What we hope is that when we have a better understanding of the performance of the CARE instrument, the data, and a clearer understanding of the post-acute picture, is that down the road we could converge these assessment instruments into a single data set, so that people are being measured across settings, across time, in a uniform way.

"Now if that ends up being CARE or some other future iteration of a CARE-like instrument, those are all possibilities that are under consideration at this stage," she says.

That instrument—presumably Internet-based—would provide data in real-time, so that core information transitions with the patient across settings.

Ideally, Tobin says, the instrument would allow different providers to pull data into their own records for their own use, and they could send data out as needed for uses such as public reporting of quality measures. Standardized data elements used in interoperable systems would help automate the currently labor-intensive process.

Tobin says her office is working with the Office of Information Services and its contracting partner Northrop Grumman on an application that would enable the CARE instrument to import information such as a medication list or diagnosis so that providers don't have to double enter the information.

The time for planning such integration seems right, Tobin says. "I think the potential is absolutely tremendous in that so many private and public partners and federal agencies are all grappling with standardization and interoperability—all the planets are beginning to align at a very interesting time in healthcare. So there is tremendous potential, tremendous opportunity.

"I would say we are still in that evolution stage, but I think there are some tremendous options ahead of us to come up with standardized ways to transmit a beneficiary's critical health information [and] make it available to the right people at the right time."

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