Eli's Rehab Report

Inpatient Insights: Gauge the 'IMPACT' of New Post-Acute Care Standardization Law

The stage has been set for payment reform.

Lawmakers have prompted a re-modeling project in the post-acute care sector ⬚ something many provider organizations would say is long overdue. On Oct. 6, 2014, **President Obama** signed into law the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 (HR 4994/S 2553).

The law's aim is to develop more standardized post-acute patient assessments, improve hospital discharge planning, and create a better quality comparing system across post-acute facilities. Currently, PAC facilities and hospitals lack a consistent, systematic method of placing patients.

As part of the plan, quality measure reporting will begin in certain settings Oct. 1, 2016, including functional status, skin integrity, medication reconciliation, incidence of major falls, and patient preferences. Resource use measures also begin on this date and will track spending per beneficiary, discharge, hospitalization, and readmission rates.

Grand finale: Everything leads to the end goal of a new payment system for PAC settings ⬚ home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals.

"A lot of details need to be ironed out by the Secretary of Health and Human Services, but overall we are very pleased with the legislation," says **Roshunda Drummond-Dye, JD**, director of regulatory affairs for the **American Physical Therapy Association** (APTA).

Core Data Elements to Paint Big Picture of Patient

During the law's 8-year phase-in you'll see new, core data elements on your respective assessment tools (the IRF-PAI for IRFs, MDS for SNFs, OASIS for HHAs, and the CARE Tool for LTCHs).

In short, the goal is to have consistencies that paint a better overall picture of the patient that can translate to each setting, rather than only having a picture of the patient through the lens of a specific setting.

"With core data elements, CMS and payers can get a better sense of what the patient looks like and can compare apples to apples," says **Tim Nanof, MSW**, director of health care policy and advocacy for the **American Speech-Language-Hearing Association** (ASHA).

The legislation has suggested some broad categories of core data elements such as functional status, cognitive function, medical conditions and comorbidities and other impairments such as hearing and swallowing.

Missing elements: The functional status category lists mobility and self-care as examples, "and [ASHA] would like to see communication listed as well," Nanof says. "So, we have every intention of working with the Secretary to ensure that the key data elements for communication, swallowing, and issues important to ASHA are present."

Also at work: Having a core data set worked into each PAC setting's assessment tool "will give policymakers information on resource use, types of patients being seen in these settings, patient reported measures, etc.," Drummond-Dye says.

This information will eventually lead to the development of a prototype payment system and an assessment tool that could be used across all PAC settings. The intent is not to do away with each setting's unique assessment tool, but to

offer PAC facilities ⬚ and hospitals ⬚ a tool that could aide in transfer of care or discharge planning.