

# MEDICARE

## CARE

### Continuity Assessment Record & Evaluation

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# Outline

- Deficit Reduction Act of 2005 (DRA, § 5008)
- Background
- CARE
- Status Update
- Importance
- Timeline
- Where to From Here...
- Your Perspective?

# CARE

## Continuity Assessment Record and Evaluation

### 2005 Deficit Reduction Act, §5008

#### Required CMS to Develop:

- *Standardized* assessment instrument that...  
*Uniformly measures* and compares Medicare Beneficiaries' health and functional status, across provider settings, over time.
- Test in a 3 year Payment Demonstration: Launched March '08

### Quality Improvement Organizations: 9<sup>th</sup> SOW

Use CARE for Care Transitions Theme, Aug '08

# CMS Has Awarded 3 Contracts

- OCSQ: Instrument Development  
Research Triangle International (RTI)
- ORDI: Demonstration and Analysis: RTI
- OIS: IT Development  
Northrop Grumman

# BACKGROUND

Current Problem: NH, HHAs, IRFs, Use:

- Different Tools: MDS, OASIS & IRF-PAI
- Incompatible data formats
- Different measurement scales
- Different assessment periods

*Note:* Hospitals and LTCHs: not currently required to use a standardized form.

# CARE

Develop an electronic, standardized, patient assessment instrument to support:

- ❖ Clinical Excellence
- ❖ Quality Measurement
- ❖ Equitable Payment

# CARE: PAC Payment Demo

CARE will be used at

- Hospital discharge
- Across Post Acute Care settings  
(SNFs, IRFs, HHAs, LTCHs)
  - ✓ Admission
  - ✓ Interim point & Significant Changes
  - ✓ Discharge
  - ✓ Ability to provide viewing privileges to authorized individuals: “need to know basis”

# CARE

## Continues to Evolve...

- Working toward maximum flexibility
- Continuing to develop an instrument that is useful and responsive to the clinical situation
- Standardizing data set:  
(core items, supplementary)

# CARE

## Importance to CMS

### *Moves CMS Forward with:*

- Healthcare Technology:
  - Adopts Accepted Standards: Terminology, Technology, Data Messaging
  - Promotes Interoperability: EHR Vendors, Providers & CMS
  - Enables Data Export from Providers' EHR to CARE (ex: medication lists)
- One Uniform, Interoperable Instrument for Use Across Providers To Generate CMS Payment, Quality Measures & Support High Quality Care:
  - Improves Safety of Patient Care Transitions by Rapidly, Accurately Communicating Critical Patient Info Amongst Providers
  - Expands QM Automation Process Beyond Claims-Based Measures
  - Reduces Providers' Data Collection and QM Reporting Burden

# Timeline

- CARE → PAC Demo: 10 markets (April 2008 - 2009)  
Analysis: CMS Report to Congress (2010- 2011)
- QIOs: Care Transitions Theme  
*9<sup>th</sup> SOW* (August 2008-2011)
- Align, consolidate  
current instruments (Over Next Few Years)

# PAC-Payment Demo

## Markets: 9 Months Data Collection

- Boston, MA April 2008
- Chicago, IL June 2008
- Rochester, NY June/July 2008
- Rapid City, SD June/July 2008
- San Francisco, CA August 2008
- Tampa, FL August 2008
- Seattle, WA Aug/Sept 2008
- Dallas, TX Sept 2008
- Louisville, KY TBD
- Lincoln, NE TBD

# Summary

CMS's goal is to develop  
a *standardized* assessment instrument that is:

- Helps clinicians provide safe, efficient, effective, equitable & timely patient-centered care.
- Grounded in scientific and evidence.
- Flexible to accommodate clinical and technological advances and multiple users
- Interoperable across patient care settings
- Scalable
- Supported and accepted by stakeholders, providers and IT vendors

# WHERE to....

## Your Perspective?

# Contact Information

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# CMS

Thank you!