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FACT SHEET

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Use of the CARE Instrument in the QIO Program 9th Statement of Work

In August 2008, the Centers for Medicare & Medicaid Services (CMS) awarded contracts for the Quality Improvement Organization (QIO) Program's 9th Statement of Work (SOW). A major Theme of the 9th SOW is Care Transitions, which aims to measurably improve the quality of care for Medicare beneficiaries who transition among care settings through a comprehensive community effort. These efforts aim to reduce readmissions following hospitalization and to yield sustainable and replicable strategies to achieve high-value health care for sick and disabled Medicare beneficiaries.

To achieve these gains, one quality improvement strategy/tool being implemented in the Care Transitions Theme is the Internet-based, standardized assessment instrument, referred to as CARE (Continuity Assessment Record and Evaluation).

The CARE instrument, with a standardized set of data elements, enables a variety of health care providers to uniformly measure and compare Medicare beneficiaries' health and functional status across settings, over time. CARE and its supporting application will allow authorized clinicians, with a need to know, to electronically view their patients' recent medical history (from the previous setting) and allow them to record and rapidly communicate their patients' current health status to the next care setting.

Currently, nursing homes, inpatient rehabilitation facilities and home health agencies use different federally-mandated assessment instruments (MDS, OASIS, IRF-PAI) to collect and report health status and quality data. These instruments use incompatible data formats, different scales and assessment periods making it difficult to compare outcomes and utilization across providers over time.

Since 2000 and the introduction of the Benefits Improvement and Protection Act, 2000 (BIPA) §545, Congress has been increasingly interested in standardized, comparable assessment data which could be collected across providers to inform policy decisions. Specifically, the BIPA requires CMS to:

- Develop "standard instrument for assessment of the health and functional status of patients for whom…items and services are furnished…under part A or …part B…
- …Design for comparison common elements…(that) may be readily comparable, are statistically compatible…collect only elements necessary to meet program objectives…

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- The standard instruments (shall) supersede any other assessment instrument used before that date."
- Report recommendations for payment purposes for identified part A, B items and services.

Congress again bolstered their position when in 2005 they passed the Deficit Reduction Act, 2005 (DRA) whereby in § 5008 they charged CMS to:

- Develop a "standardized patient assessment instrument for use across all post-acute care sites" to measure and compare health and functional status during treatment and at discharge, beginning at time of discharge from the hospital setting.
- Establish a demonstration program to understand costs and outcomes across post-acute care sites.
- Report results to Congress in 2011 and make recommendations for legislation and administrative action as the Secretary deems appropriate.

With these two critical pieces of legislation in place, CMS is leveraging the insights gained from the development and piloting the CARE Instrument to move CMS forward with developing a single, uniform, interoperable data set to measure and compare quality, outcomes, cost and value across provider settings, and over time. CARE will also incorporate federally recognized standards for terminology and data exchange to promote interoperability among providers and with CMS.

More information about the CARE Instrument is available at http://www.cfmc.org/caretransitions/care.htm.

Additional general information on the 9th SOW and the Care Transitions Theme and the Care Transitions project can be found at: www.cms.hhs.gov/QualityImprovementOrgs.

The Centers for Medicare & Medicaid Services thanks you in advance for your interest in this critical initiative.

What are QIOs?

The QIO Program, created by law in 1982, provides three-year contracts to organizations throughout the country to improve the quality, safety, efficiency, and economy of health care services delivered to Medicare beneficiaries and the public at large. To learn more about the QIO Program, call 1-800-MEDICARE or visit Medicare online at www.medicare.gov.

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