

# IMPACT Act of 2014 & Cross Setting Measures

**Quality Initiatives:** IMPACT Act of 2014

## **Background:**

On September 18, 2014, Congress passed the *Improving Medicare Post-Acute Care Transformation Act of 2014* (the IMPACT Act). The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).

Specifically, the IMPACT Act requires, among other significant activities, the reporting of standardized patient assessment data with regard to quality measures, resource use, and other measures. It further specifies that the data [elements] "... be standardized and interoperable so as to allow for the exchange of such data among such post-acute care providers and other providers and the use by such providers of such data that has been so exchanged, including by using common standards and definitions in order to provide access to longitudinal information for such providers to facilitate coordinated care and improved Medicare beneficiary outcomes...".

In addition, the IMPACT Act intends for cross-setting quality comparison, and importantly, the Act conveys the inclusion of patient-centeredness in its references and requirements related to capturing patient preferences and goals.

The IMPACT Act provides a tremendous opportunity to address all of the priorities within the CMS Quality Strategy, which is framed using the three broad aims of the National Quality Strategy:

- **Better Care:** Improve the overall quality of care by making healthcare more patient-centered, reliable, accessible, and safe.
- **Healthy People, Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality healthcare for individuals, families, employers, and government.

The IMPACT Act supports these three aims while upholding the CMS Quality Strategy's goals, which are:

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.

3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

**The IMPACT Act charge:**

The IMPACT Act of 2014 requires The Secretary to implement specified clinical assessment domains using standardized (uniform) data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers. The Act further requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data. In addition, the Act requires the development and reporting of measures pertaining to resource use, hospitalization, and discharge to the community. Through the use of standardized quality measures and standardized data, the intent of the Act, among other obligations, is to enable interoperability and access to longitudinal information for such providers to facilitate coordinated care, improved outcomes, and overall quality comparisons.

**Measure Domains to be standardized:**

- Skin integrity and changes in skin integrity;
- Functional status, cognitive function, and changes in function and cognitive function;
- Medication reconciliation;
- Incidence of major falls;
- Transfer of health information and care preferences when an individual transitions;
- Resource use measures, including total estimated Medicare spending per beneficiary;
- Discharge to community; and
- All-condition risk-adjusted potentially preventable hospital readmissions rates.

**IMPACT Act Service Providers/Settings**

To achieve the standardization of data across settings, the following post-acute care facilities are required by the IMPACT Act to submit data on specific quality measures: Long-Term Care Hospitals (LTCHs), Skilled

Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs). Specific information about each setting and reporting tools can be found at:

- ♣ [Long Term Care Hospitals \(LTCHs\)](#)
- ♣ [Skilled Nursing Facilities \(SNFs\)](#)
- ♣ [Inpatient Rehabilitation Facilities \(IRFs\)](#)
- ♣ [Home Health Agencies \(HHAs\)](#)