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The Minimal Data Set for Post-Acute Care: A HCFA Initiative in Post-Acute Care Assessment

John L. Melvin, MD, MMSc *

* Moss Rehabilitation Hospital

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The Minimal Data Set for Post-Acute Care: A HCFA Initiative in Post-Acute Care Assessment

Inpatient post-acute care providers face revision of the patient data they collect if the Health Care Financing Administration (HCFA) implements the instrument under development by its Post-Acute Care Standardized Assessment Project (the Project). According to this initiative, HCFA may mandate that staff working in skilled nursing facilities (SNFs), and in rehabilitation and long term care hospitals implement the use of the Minimum Data Set for Post-Acute Care (MDS-PAC), a standardized data set that includes the clinical characteristics and outcomes of patients admitted to post-acute facilities. HCFA designed the Project to reflect its future view of how it might relate to health care quality monitoring and payment systems, i.e., HCFA expects that its future agenda will be based on standardized beneficiary data collected through MDS-PAC. Therefore, it designed this project to develop a standardized assessment instrument (the MDS-PAC) that is beneficiary based, and applicable across provider types. HCFA selected John Morris, PhD, of the Hebrew Rehabilitation Center for Aged, and who participated in the development of the original MDS, as the principal investigator.

The genesis of the project arose from HCFA's belief that its payment approach in post-acute care settings is based primarily upon the characteristics of the care provider rather than the Medicare beneficiary. Evidence indicates that considerable substitution of post-acute settings exists among apparently similar patients,¹ and that the trajectory of care often includes more than one post-acute setting.² HCFA interprets these data as indicating that the most cost-effective setting for post-acute care is often not used. In addition, the populations served by Medicare and Medicaid certified long term care facilities have changed to include more individuals receiving short term, rehabilitative care, often referred to as "subacute" care. This change resulted in many providers calling for a more appropriate alternative to the statutory-required Minimum Data Set and Resident Assessment Protocols designed for individuals requiring more traditional, long- term care.

Furthermore, HCFA must also respond to the Balanced Budget Act of 1997, which requires a prospective payment system (PPS) for rehabilitation hospitals to be implemented October 1, 2000, and a PPS for home health agencies effective October 1, 1999.³ (Current legislation requires a PPS for SNFs effective July 1, 1998.) This SNF PPS utilizes the MDS 2.0 linked to the Resource Utilization Groups (RUGS) III, the most recent (though not new) revision of a case-mix reimbursement system used in nursing homes.⁴

The seventh draft of the Post-Acute Care Standardized Assessment Project document, in review currently, elucidates a fairly extensive data instrument of over 300 elements. Major issues that remain to be resolved include the data burden of this new instrument to rehabilitation hospitals, its ability to provide a bridge, which allows comparison to the extensive previous outcomes literature in post-acute care, and its potential precision in predicting resource use. The Project has solicited extensive input from focus groups and a technical expert panel, composed of the major associations representing the full spectrum of post-acute care providers. Many of these associations continue to welcome input from members on their views regarding this project.

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About the Author

John L. Melvin, MD, MMSc, is Vice President for Medical Affairs at Moss Rehabilitation Hospital.