Early Findings from the RAND IMPACT National Beta Test of Candidate Standardized Patient Assessment Data Elements (SPADEs)

November 27, 2018

RAND HEALTH CARE

Agenda

12:00	Welcome, Overview of PAC assessment standardization goals
12:25	Beta Design; Sample Description
12:35	Beta results – Summary of overarching findings
12:45	Beta results by data element categories – Cognitive Status
1:00; 1:20	Questions; *Break*
1:30	– Mental Status
1:45	– Medical Conditions
1:55	– Impairments
2:10	– Special Services, Treatments, and Interventions (SSTI)
2:20; 2:40	Questions; *Break*
2:50	– Other (Medication Reconciliation, Care Preferences, Global Health)
3:10	Non-Communicative data elements (Cognitive Status, Mood, Pain)
3:20	Wrap-up
3:30	Final Questions
4:00	Close

Terms and Abbreviations

- **IMPACT Act** = Improving Medicare Post-Acute Care Transformation Act
- **PAC** = Post-acute care
- **CMS** = Centers for Medicare & Medicaid Services
- **SPADEs** = Standardized patient/resident assessment data elements
- **TEP** = Technical Expert Panel
- **SME** = Subject Matter Experts
- **PC** = Public Comment
- **Alpha 1,2** = Pilot testing of early-stage data elements
- **Beta** = National testing of candidate SPADES
- ***Data Element Abbreviations:***
  - **BIMS** = Brief Interview of Mental Status
  - **CAM** = Confusion Assessment Method
  - **PHQ** = Patient Health Questionnaire (PHQ-9, PHQ-2, PHQ-2 to 9)
  - **PHQ-9 *OV*** = Observational Version
  - **SSTI** = Special Services, Treatments and Interventions
- ***PAC Providers Covered by the IMPACT Act of 2014*:**
  - **IRF** = Inpatient Rehabilitation Facility
  - **LTCH** = Long-Term Care Hospital
  - **SNF** = Skilled Nursing Facility
  - **HHA** = Home Health Agency
- ***Existing PAC Assessment Instruments***:
  - **IRF-PAI** = Inpatient Rehabilitation Facility Patient Assessment Instrument
  - **LCDS** = LTCH CARE Data Set
  - **MDS** = Minimum Data Set
  - **OASIS** = Outcome and Assessment Information Set

Project Team

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Acknowledgements

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And a special thanks to the thousands of patients and residents and their families who participated in the pilot and national field tests

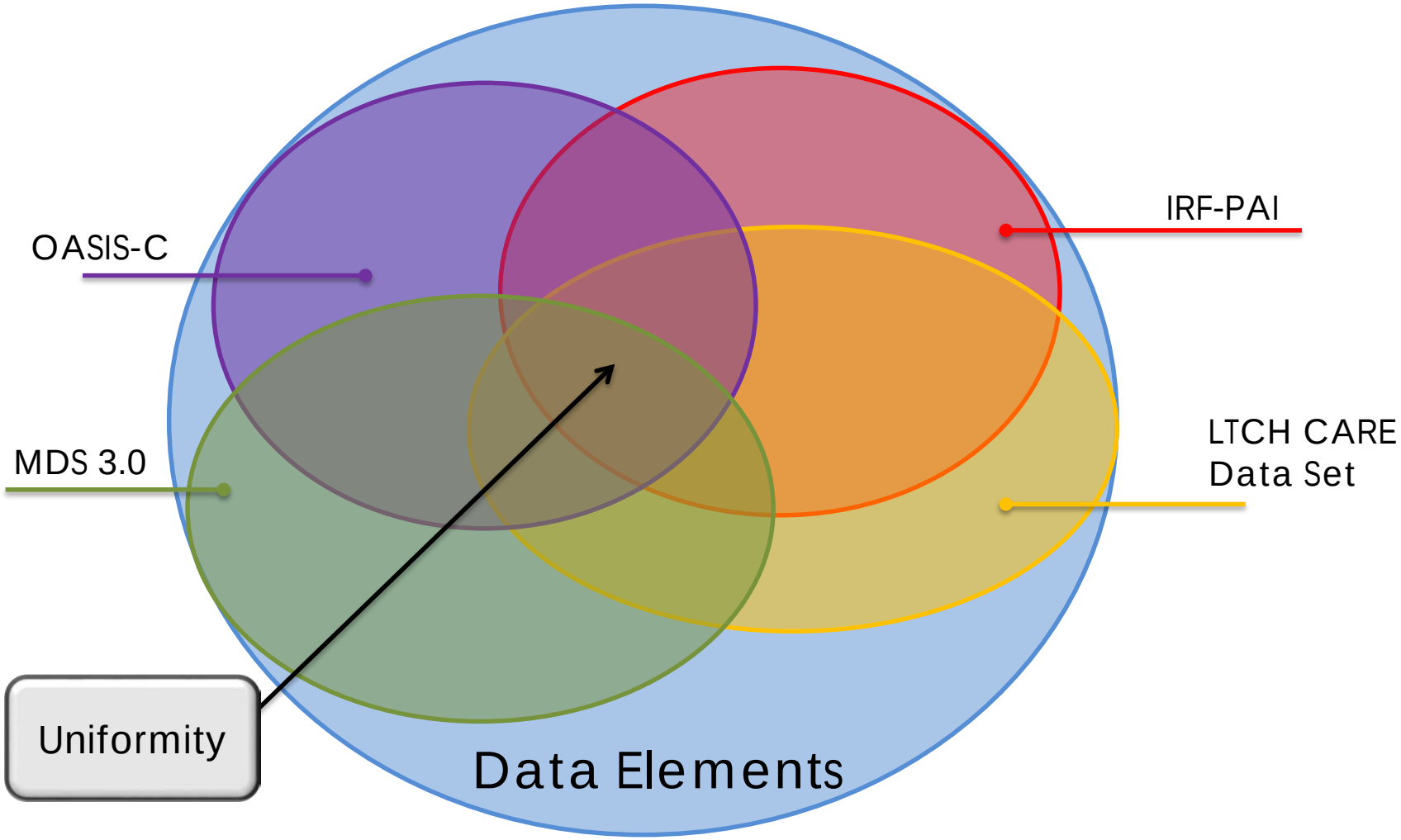
Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bill passed on September 18, 2014 and signed into law on October 6, 2014
- Requires standardized patient assessment data across post-acute care (PAC) settings to enable:
  - Improvements in quality of care and outcomes
  - Comparisons of quality across PAC settings
  - Information exchange across PAC settings
  - Enhanced care transitions and coordinated care
  - Person-centered and goals-driven care planning and discharge planning

PAC Providers Covered by the IMPACT Act

- Home Health Agencies (HHAs)
- Inpatient Rehabilitation Facilities (IRFs)
- Long-Term Care Hospitals (LTCHs)
- Skilled Nursing Facilities (SNFs)

Data Elements: Standardization



Categories Identified for Standardization in the IMPACT Act

- Function (e.g., self care and mobility)
- Cognitive function (e.g., express & understand ideas; mental status, such as depression and dementia)
- Special services, treatments & interventions (e.g., need for ventilator, dialysis, chemotherapy, and total parenteral nutrition)
- Medical conditions and co-morbidities (e.g., diabetes, heart failure, and pressure ulcers)
- Impairments (e.g., incontinence; impaired ability to hear, see, or swallow)
- Other categories

Guiding Principles for Evaluation of Candidate SPADEs

Potential for improving quality	• Improve care transitions, person-centered care and care planning • Improve care practices and patient safety • Use for quality comparisons, including value based payment models • Supports clinical decision making and care coordination
Validity and reliability	• Inter-rater reliability (consensus in ratings by two or more assessors) • Validity (captures the construct being assessed)
Feasibility for use in PAC	• Potential to be standardized and made interoperable across settings • Clinically appropriate • Relevance to work flow
Utility for describing case mix	• Potential use for payment models • Measures differences in severity levels related to resource needs

Consensus Vetting Activities

In addition to these guiding principles, CMS and RAND have solicited and considered input from technical and clinical subject matter experts, public comment periods, and other consensus input opportunities throughout the duration of this contract.

- Technical Expert Panel – meetings in January 2016, April 2017, and September 2018
- Special Open Door Forums – 9 between 2014 and 2018
- Blueprint Public Comment Periods – September to October 2016 (PC1), April to June 2018 (PC2)
- Public Comment Periods for FY2018/CY2019 Notice of Proposed Rulemaking for IPPS/LTCH, IRF, SNF, and HHA Proposed Rules – April to September 2017
- Small group discussions with PAC associations – January to June 2018
- Dialogues with clinical staff during testing on feasibility, clinical usability, etc.

NATIONAL BETA TEST: DESIGN AND SAMPLE DESCRIPTION

Data Element Development and Testing

The project goal is to develop, implement, and maintain standardized PAC patient assessment data

- Project phases:
  1. Information Gathering: September 2015 – April 2016
  2. Pilot Testing (Alpha 1 and Alpha 2): August 2016 – July 2017
  3. ***National Beta Testing: November 2017 – September 2018***

- The National Field Test Assessment Protocols are referred to throughout this presentation and posted at the link at the bottom of this page:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/-IMPACT-Act-Standardized-Assessment-National-Testing-.html

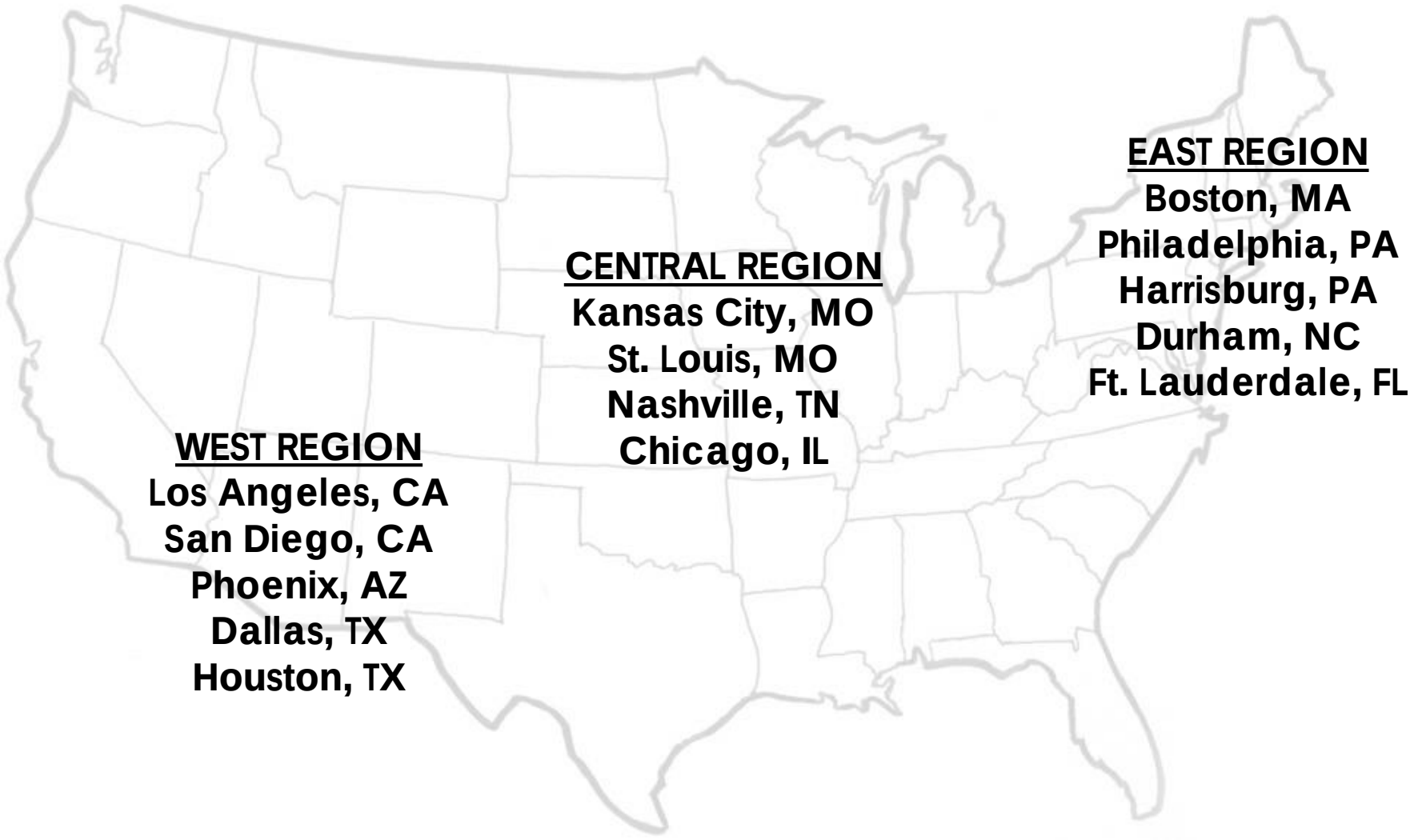
Data Element Categories Tested in Beta

- Cognitive Status
- Mental Status
- Medical Conditions: Pain
- Impairments: Vision and hearing; Continence
- Special Services, Treatments, and Interventions (SSTI)
- Other
  - Care Preferences
  - Global Health
  - Medication Reconciliation

Design

- Data collectors were trained research nurses and staff at participating facilities/agencies
- Three major types of assessments
  - Communicative Admission
  - Communicative Discharge
  - Non-Communicative
- Subset of patients/residents were assessed by assessor pairs to evaluate interrater reliability of data elements
- Subset of patients/residents were assessed on admission days 3, 5, and 7 to evaluate effect of varying lookback periods
- Near the end of the field period, data collectors participated in an assessor survey, field staff in-person focus groups, and a research nurse teleconference to provide feedback on their experiences and impressions of the candidate SPADEs

Beta Test Markets



WEST REGION
Los Angeles, CA
San Diego, CA
Phoenix, AZ
Dallas, TX
Houston, TX

CENTRAL REGION
Kansas City, MO
St. Louis, MO
Nashville, TN
Chicago, IL

EAST REGION
Boston, MA
Philadelphia, PA
Harrisburg, PA
Durham, NC
Ft. Lauderdale, FL

Communicative Admission Assessments by Market

Sample Sizes

Participating providers

HHA	IRF	LTCH	SNF	Overall
35	23	25	60	143

Communicative Assessments

	HHA	IRF	LTCH	SNF	Overall
Admission Total	653	794	507	1167	3121
IRR	199	261	242	274	976
3,5,7 Repeat	112	150	91	239	592
Discharge	148	349	91	235	823

Provider Sample Characteristics

		HHA (N=35)	IRF (N=23)	LTCH (N=25)	SNF (N=60)	TOTAL (N=143)
Ownership	For profit	31.4	43.4	16.0	70.1	46.9
	Nonprofit	65.7	26.7	84.0	26.7	49.0
	Government	2.9	3.3	0.0	3.3	4.2
	Freestanding	NA	47.8	NA	91.7	79.5*
Urbanicity	Metropolitan	80.0	100	100	86.7	89.5
	Micropolitan	8.6	0.0	0.0	3.3	3.5
	Small Town	11.4	0.0	0.0	6.7	5.6
	Rural	0.0	0.0	0.0	3.3	1.4
	Number of beds (Mean, range)	NA	285 (30, 881)	136 (31, 675)	142 (30, 467)	171 (30, 881)
	Nurse to bed ratio (Mean)	NA	1.0	0.5	1.0	0.7

* % of IRF and SNF sites

Patient/Resident Respondent Characteristics

		HHA (653)	IRF (794)	LTCH (507)	SNF (1167)	Total (3121)
Gender	Male	36.3	42.9	51.5	39.3	41.5
Age	18-24	0.0	0.1	0.2	0.0	0.1
	25-44	0.6	0.8	4.8	0.8	1.4
	45-64	9.7	7.8	25.1	6.7	10.6
	65-74	28.1	38.9	34.8	26.2	31.2
	75-89	49.9	45.0	32.1	50.1	45.9
	90+	11.6	7.3	3.1	16.3	10.9
Length of stay	Length of stay	31.0 (15.7)	14.1 (5.1)	23.8 (11.2)	21.3 (12.3)	21.6 (12.8)
Disposition at discharge	Home	74.1	42.9	20.0	44.3	46.4
	Hospital	3.7	5.1	6.9	10.3	7.0
	Hospice	1.9	0.9	2.6	0.9	1.4
	SNF	1.0	14.1	29.3	4.0	9.9
	IRF	0.6	0.1	9.7	0.1	1.7
	HHA	2.4	34.1	16.6	25.7	21.4
	LTCH	0.2	0.1	0.2	0.9	0.4
	Other	16.2	2.7	14.8	13.8	11.6

BETA RESULTS

OVERALL FINDINGS and
INTRODUCTION TO DATA ELEMENT SPECIFIC RESULTS

Beta Test – Key Takeaways

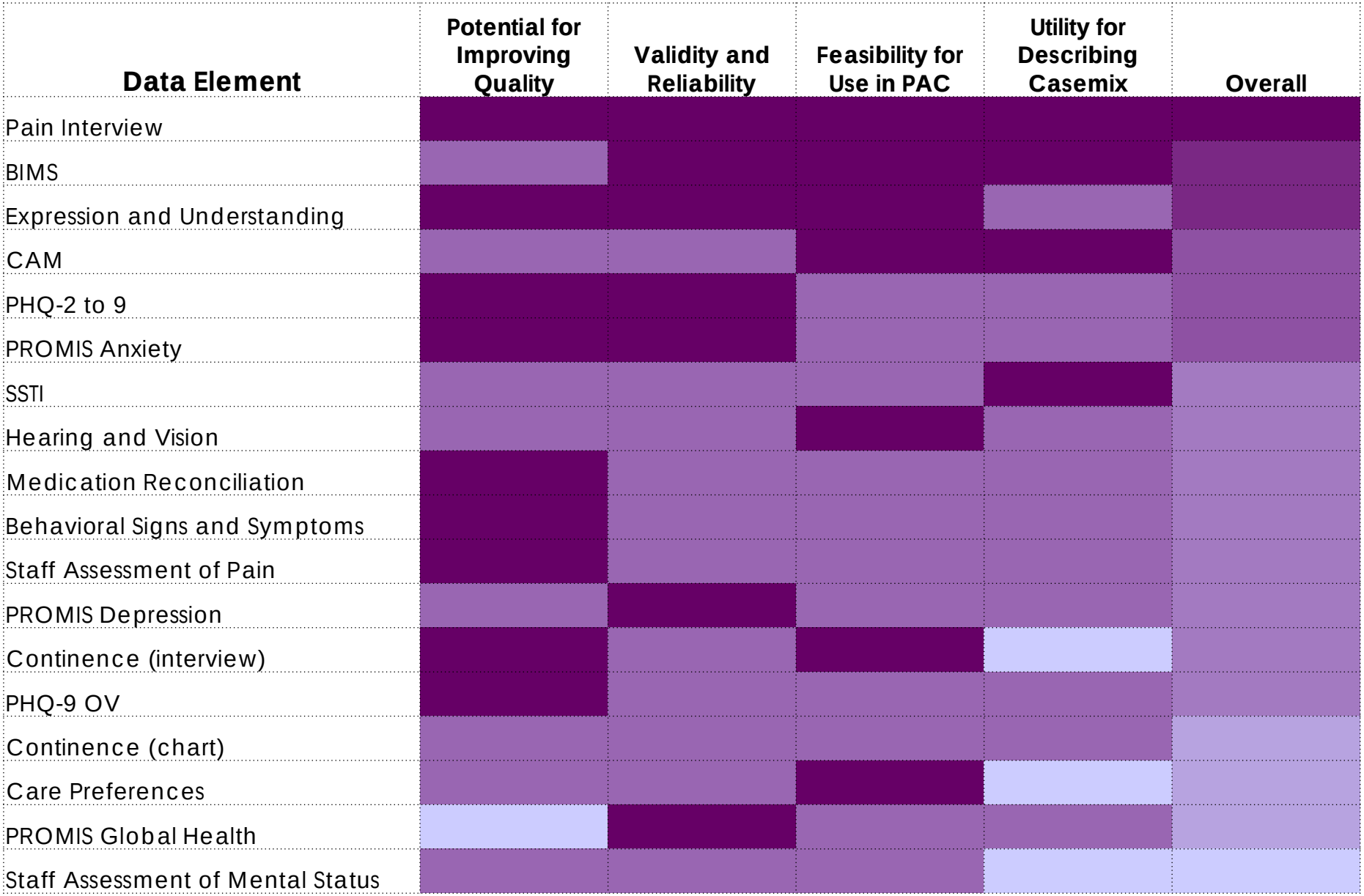
- Data element performance
  - Reliability – Strong reliability across settings and across data elements – very few areas of concern and no 'red flags'
  - Feasibility – Very little missing data

- Results of repeat assessment tests (a.k.a. 'lookbacks')
  - Repeat assessment of patient interview items on admission days 3, 5, and 7 showed very little variation in responses across days
  - Recording of presence/absence of chart review items based on chart information present at admission days 1, 3, 5, and 7 showed that the majority of information was present in the chart on day 1

Completed Assessments for Each Module

Module	Domains	Frequency	%
Communicative, N=3121			
A1-A2	Hearing and Vision	3065	98.2
A3-A7	Expression and Understanding	3063	98.1
B1	Brief Interview for Mental Status (BIMS)	3062	98.1
C	PROMIS Global Health	3049	97.7
D	Pain Interview	3031	97.1
E1	PHQ-2 to 9	3010	96.4
E2	PROMIS Depression	2986	95.7
E3	PROMIS Anxiety	2971	95.2
F1-2	Care Preferences (Involvement)	2980	95.5
F3	Care Preferences (chart review, Health Care Agent)	2923	93.7
G	Continence interview	2977	95.4
G	Continence chart review	2926	93.8
B2	Confusion Assessment Method (CAM)	2973	95.3
H	Behavioral Signs and Symptoms	2954	94.7
I	Medication Reconciliation Protocol	2951	94.6
J	Special Services, Treatments, and Interventions (SSTI)	2926	93.8
All modules	At least one response in each module	2795	89.2
Non-communicative, N=548			
B3	Staff Assessment of Mental Status	513	93.6
D7-D9	Pain	545	99.5
E4	Staff Assessment of Patient/Resident Mood (PHQ-9-OV)	501	91.4
All modules	At least one response in each module	481	87.8

General Evaluation of Candidate SPADEs



Darker color indicates more positive evaluation

BETA RESULTS

BY DATA ELEMENT CATEGORY

Beta Results Presented for Each Data Element

FEASIBILITY	INTERRATER RELIABILITY	ASSESSOR FEEDBACK
• Time to complete	• Kappa • Percent agreement	• Assessor survey • Assessor focus groups and teleconferences

- Feasibility and interrater reliability were estimated for each setting separately and ***overall*** – *combining across settings*
- We found very few differences between settings so most results are reported in this presentation for the ***overall*** sample

COGNITIVE STATUS

Cognitive Status: Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
Brief interview for mental status (BIMS)	Public Comment (PC)1, FY2018/CY2019 proposed rule	Included in Day 3-5-7 test	IRF-PAI MDS
Signs and symptoms of delirium (CAM)	PC1, FY2018/CY2019 proposed rule	Included in Day 3-5-7 test	LCDS MDS
Behavioral signs and symptoms	PC1, FY2018/CY2019 proposed rule; Alpha 2, PC2	Included in Day 3-5-7 test	MDS
Expression and Understanding	PC1	Two versions tested Included in Day 3-5-7 test	Expression of Ideas and Wants (OASIS*, IRF-PAI, LCDS) Understanding Verbal Content (OASIS*, IRF-PAI, LCDS) Speech Clarity (MDS) Makes Self Understood (MDS) Ability to Understand Others (MDS)
Staff assessment of mental status	Alpha 2, PC2	For patients/residents unable to communicate	IRF-PAI MDS

COGNITIVE STATUS

Brief Interview for Mental Status (BIMS)

Brief Interview for Mental Status (BIMS) Feasibility and Reliability

Admission p. 6-8

Time

- 2.2 minutes overall to complete the BIMS

Reliability

- Excellent reliability
  - Percent agreement

    Overall range: 94 – 98%
  - Kappa

    Overall range: 0.83 – 0.93

Brief Interview for Mental Status (BIMS) Assessor Feedback

Support

- High clinical utility
- Helpful to assess cognition consistently across PAC and over time
- Low burden, esp. for HHA and IRF
- Staff already familiar with BIMS/similar assessments due to its common use in practice

Challenges/Concerns

- Frequent use of the BIMS leads to patient familiarization with recall words
- Administration relies on assessor speaking style and clarity; recall words must be clearly articulated

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COGNITIVE STATUS

Confusion Assessment Method (CAM)

Confusion Assessment Method (CAM) Feasibility and Reliability

Admission p. 7-8

Time

- 1.4 minutes overall to complete the CAM

Reliability

- Excellent (percent agreement)

  Overall range: 91 – 96%

Confusion Assessment Method (CAM) Assessor Feedback

Support

- Moderately high in clinical utility 
- Relatively low burden 

Challenges/Concerns

- None noted

COGNITIVE STATUS

Behavioral Signs and Symptoms

Behavioral Signs and Symptoms Feasibility and Reliability

Admission p. 47-49

Time

- 1.4 minutes overall to complete the Behavioral Sings and Symptoms data element

Reliability

- Excellent (percent agreement)

  Overall range: 95 – 100%

Behavioral Signs and Symptoms Assessor Feedback

Support

- High clinical utility
- Important for effective transfers across PAC settings
- Behavioral problems commonly tracked in PAC settings

Challenges/Concerns

- Difficult to assess in home health settings during initial meeting
- Inconsistent documentation due to concerns about transferring patient/resident to another PAC setting

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COGNITIVE STATUS

Expression and Understanding

Expression and Understanding Feasibility and Reliability

Admission p. 4-5

Time

- 3-item set: 0.8 minutes overall
- 2-item set: 0.7 minutes overall

Reliability

- Excellent percent agreement for both versions
  - 3-item set, overall: 95%, 93%, 93%
  - 2-item set, overall: 89%, 86%
- Kappas, where calculated, are moderate for 3-item set

Expression and Understanding

Assessor Feedback

Support

- High clinical utility, especially for LTCH and SNF
- Important for facilitating patient transfer
- Assisted interpersonal connection with patient/resident
- Low burden, especially for HHA and IRF

Challenges/Concerns

- None noted

Questions & Break

MENTAL STATUS

Mental Status: Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
PHQ-2 to 9	PC1, FY2018/CY2019 proposed rule; Alpha 1		PHQ-2 (OASIS) PHQ-9 (MDS)
PROMIS Depression	TEP/stakeholder review	Two versions tested in Beta	
PROMIS Anxiety	Alpha 2, PC2	Two versions tested in beta	
Staff assessment of mood (PHQ-9 Observational Version (OV))	Alpha 2, PC2	For patients/residents unable to communicate	MDS

MENTAL STATUS

Patient Health Questionnaire-2 to 9 (PHQ-2 to 9)

PHQ-2 to 9
Feasibility and Reliability

Admission p. 23-27

Time to Complete

- 2.3 minutes to complete the PHQ-2 to 9 overall
- 1.7 minutes for PHQ-2 only; 4.0 for those completing PHQ-9

Reliability

- Excellent
  - Percent agreement:

    Overall range: 96 – 100%
  - Kappa:

    Overall range: 0.95 – 1.00

PHQ-2 to 9
Assessor Feedback

Support

- High clinical utility; Recognized importance of assessing mood

Challenges/Concerns

- Burdensome for staff and patients/residents
- Wording of some items (e.g., ‘hopeless’) was challenging for patients to understand
- 2-week lookback was difficult

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MENTAL STATUS

PROMIS Depression

PROMIS Depression Feasibility and Reliability

Admission p. 28-30

Time to Complete

- 2.2 minutes overall to complete the PROMIS Depression data element

Reliability

- Excellent
  - Percent agreement:

    Overall range: 98 – 99%
  - Kappa:

    Overall range: 0.96 – 0.99

PROMIS Depression Assessor Feedback

Support

- Wording does not require patient/resident to self-identify as “depressed”; value to alternative symptom labels

Challenges/Concerns

- Burdensome for staff and patients/residents

- Intro wording implies current experience of distress

MENTAL STATUS

PROMIS Anxiety

PROMIS Anxiety
Feasibility and Reliability

Admission p. 31-33

Time

- 2.2 minutes overall the PROMIS Anxiety data element

Reliability

- Excellent
  - Percent agreement:

    Overall range: 97 – 99%
  - Kappa:

    Overall range: 0.96 – 0.99

PROMIS Anxiety Assessor Feedback

Support

- Wording does not require patient/resident to self-identify as “anxious”
- Moderately clinically useful

Challenges/Concerns

- Length of item set

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MEDICAL CONDITIONS: PAIN

Medical Conditions: Pain Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
Pain interview: presence, frequency, severity, effect on sleep, interference with therapy and non-therapy related activities, relief	PC1; Alpha 1, PC2	Two versions tested; included in Day 3-5-7 test	Presence (OASIS*, MDS) Frequency, severity, effect on sleep (MDS) Activities (OASIS, MDS)
Staff assessment of pain or distress	Alpha 2, PC2	For patients/residents unable to communicate	MDS

MEDICAL CONDITIONS: PAIN INTERVIEW

Pain Interview
Feasibility and Reliability

Admission p. 17-19

Time

- 2.6 minutes overall to complete the pain interview
- Time was shorter for those without pain (1.3 minutes)

Reliability

- Excellent for both versions tested
  - Percent agreement:

    Overall range: 96 - 100%
  - Kappa:

    Overall range: 0.93 - 0.99

Pain Interview
Assessor Feedback

Support

- High clinical utility, particularly items assessing function 
- Low clinical burden 

Challenges/Concerns

- None noted

IMPAIRMENTS

Impairments: Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
Ability to hear, ability to see	PC1, FY2018/CY2019 proposed rule		Ability to hear (OASIS*, MDS) Ability to see (OASIS, MDS)
Continence (bladder and bowel): Appliance use, frequency of events	Alpha 1, PC2	Recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2	Appliance use (OASIS, MDS) Frequency of events (OASIS, IRF-PAI, LCDS, MDS)
Continence (bladder and bowel): Patient/resident perceived problem	Alpha 1, PC2		

IMPAIRMENTS

Hearing and Vision

Hearing and Vision Feasibility & Reliability

Admission p. 3

Time

- 0.6 minutes overall to complete the Ability to Hear and Ability to See data elements (0.3 minutes per data element)

Reliability

- Ability to Hear
  - Percent agreement: 84% overall
  - Kappa: 0.65 overall
- Ability to See
  - Percent agreement: 83% overall
  - Kappa: 0.56 overall

Hearing and Vision Assessor Feedback

Support

- Highly clinically useful; important for facilitating effective transfer and for assessing patients' baseline

- Lowest burden
  - HH may be easiest

Challenges/Concerns

- None noted

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IMPAIRMENTS

Continence

Continence
Feasibility and Reliability

Admission p. 41-46

Time

- Chart Review:
  - 3.5 minutes to complete this section overall
- Interview:
  - 1.4 minutes to complete the interview data element overall

Reliability

- Chart review:
  - Percent agreement:

    Overall range: 74-100%
  - Kappa, where computed,

    fair to moderate: 0.55 - 0.79
- Interview:
  - Percent agreement:

    Overall range: 98-99%
  - Kappa:

    Overall range: 0.96 - 0.98

Continence Assessor Feedback

Support

- Clinically relevant to decision making
- Considered important for facilitating transfer

Challenges/Concerns

- Necessary to consult multiple sources
- Inadequate information in charts
- Incongruity between multiple data sources (including patients)
- Variation in documentation by PAC setting

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SPECIAL SERVICES, TREATMENTS, AND INTERVENTIONS (SSTI)

Special Services, Treatments and Interventions: Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
Nutritional approaches: IV or feeding tube, diet	PC1, FY2018/CY2019 proposed rule	Recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2	Parenteral/IV (OASIS, IRF-PAI, LCDS, MDS) Feeding tube (OASIS, IRF-PAI, MDS) Mechanically, altered diet, therapeutic diet (MDS)
Services and treatments: Cancer, respiratory, other	PC1, FY2018/CY2019 proposed rule	Recorded on admission Days 1, 3, 5 and 7; discharge date and discharge date -2	Chemotherapy, radiation, suctioning, tracheostomy, transfusions, IV Access (MDS) Oxygen (OASIS*, MDS) Invasive mechanical ventilator, BiPAP/CPAP (OASIS*, LCDS, MDS) IV meds, Dialysis (LCDS, MDS)

Special Services, Treatments and Interventions Feasibility & Reliability

Admission p. 54-56

Time

- 3.3 minutes overall to complete this data element set
- Minimal setting differences

Reliability

- Percent agreement:

  Overall range: 79-100%
- Kappas, where computed,

  fair to moderate: 0.57 – 0.78

Special Services, Treatments and Interventions Assessor Feedback

Support

- Important to track especially for transfers
- High clinical utility except in IRF

Challenges/Concerns

- Difficult to collect information from charts
- Ease and complexity of collection varied across systems
- Poor documentation in HH
- Low clinical utility in IRF

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Questions & Break

OTHER CATEGORIES

Other Categories: Candidate SPADEs

Data Element	Input Opportunities	Beta Inclusion Notes	Current Use
Medication reconciliation	Alpha 1, Alpha 2, PC2		Medication classes taken (MDS) Drug Regimen Review (OASIS, IRF-PAI, LCDS, MDS)
Care preferences: Decision making preferences, designated health care agent	Alpha 1, Alpha 2, PC2		Involvement in care decisions (MDS)
PROMIS Global Health	PC2, TEP2	Two versions tested	

OTHER CATEGORIES

Medication Reconciliation

Medication Reconciliation Feasibility & Reliability

Admission p. 50-53

Time

- 3.2 minutes overall to complete the Medication Reconciliation data element

Reliability

- Percent agreement:

  Overall range: 79-96%
- Kappas, where computed, fair to moderate: 0.42 – 0.89
  - Higher for classes taken, lower for communication (esp. HH)

Medication Reconciliation Assessor Feedback

Support

- Considered to have strong clinical utility
- Particularly useful in Home Health
- High utility for transfers, particularly for ensuring patient safety

Challenges/Concerns

- High assessment burden
- Challenging to understand discrepancies
- Documentation on discrepancy communication and follow-up rare

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OTHER CATEGORIES

Care Preferences

Care Preferences
Feasibility & Reliability

Admission p. 40

Time

- 1.5 minutes to complete the Care Preferences data element overall
- Minimal setting differences

Reliability

- Percent agreement range:

  Overall range: 83 - 99%
- Kappa:

  Overall range: 0.56 - 0.96
- Lowest for whether patient had a health care agent

Care Preferences
Assessor Feedback

Support

- High clinical relevance, particularly during care transitions
- Low assessor burden

Challenges/Concerns

- Within item set, burden highest for health care agent question
- Legal/formal documentation of healthcare agent rarely present, esp. in HH

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OTHER CATEGORIES

Global Health

Global Health
Feasibility & Reliability

Admission p. 9-12

Time

- 3.5 minutes to complete the Global Health data element overall
- Minimal setting differences

Reliability

- Excellent reliability
  - Percent agreement:

    Overall range: 95 - 98%
  - Kappa:

    Overall range: 0.95 - 0.99

Global Health Assessor Feedback

Support

- Somewhat to moderately clinical utility

Challenges/Concerns

- Some questions inappropriate or irrelevant for PAC patient/resident populations
- Difficult to report “average” pain, particularly in IRFs where pain varies pre-/post-operation

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NON-COMMUNICATIVE DATA ELEMENTS

Staff Assessments of Mental Status, Mood, and Pain

Staff Assessment of Mental Status
Feasibility & Reliability

NC p. 3

Time

- 2.6 minutes to complete the Staff Assessment of Mental Status overall

Reliability

- Excellent reliability
  - Percent agreement:

    Overall range: 93 - 98%
  - Kappa:

    Overall range: 0.74 - 0.94

Staff Assessment of Mood (PHQ-9 OV) Feasibility & Reliability

NC p. 6-9

Time

- 3.5 minutes overall to complete the PHQ-9 OV

Reliability

- Excellent reliability
  - Percent agreement:

    Overall range: 92 - 99%
  - Kappa:

    Overall range: 0.91 - 0.98

Staff Assessment of Pain
Feasibility & Reliability

NC p. 4-5

Time

- 2.4 minutes overall to complete the Staff Assessment of Pain

Reliability

- Excellent reliability
  - Percent agreement:

    Overall range: 89 - 98%
  - Kappa:

    Overall range: 0.81 - 0.90

Non-Communicative Data Elements (Overall) Assessor Feedback

Support

- Moderate clinical utility

Challenges/Concerns

- Slightly difficult to collect and more burdensome than other SPADEs

- Many questions not applicable to patients/residents who are truly non-communicative

- For patients/residents who could be considered communicative /non-communicative, it was unclear which to do

Wrap up

- RAND/CMS is collecting input on SPADEs tested in beta and presented in this forum
- Please submit your input by sending an email to spadeforum@rand.org.
- Comments received by close of business on January 15th, 2019 will be officially reviewed and summarized. A verbatim comment summary report will be posted on the CMS website. We will not be responding to the input.

- Thank you for attending!

Questions