Medicare Post-Acute Care Payment Reform Demonstration

Cost and Resource Utilization Data Collection

Facility Site Coordinator Guide

[Provider Name]

Participating Units:
[Unit 1]
[Unit 2]
…

[Month & Year]

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This booklet provides a brief overview of the Cost and Resource Use (CRU) data collection portion of the Post-Acute Care Payment Reform Demonstration being conducted for the federal agency that runs Medicare (Centers for Medicare and Medicaid Services [CMS]) by a team of researchers from RTI International. Included in this booklet is an overview of the study's purpose and data collection process. Please use this booklet will as a reference for training all staff involved in the study units during the data collection period.

Brief Overview of the Study

The Cost and Resource Utilization (CRU) data collection is part of the Post-Acute Care Payment Reform Demonstration mandated by Section 5008 of the Deficit Reduction Act of 2005. This demonstration is intended to collect data related to payment systems for post-acute care services in four settings: Long Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs). Each of these four types of providers currently has a separate prospective payment system (PPS) with its own case-mix groups, payment units, and rates. The Post-Acute Care Payment Reform Demonstration will examine the relative costliness and outcomes of cases admitted to different settings for similar conditions. Please note that although we are referring to this care as "post-acute," it is not necessary that these patients have had a recent inpatient stay.

The legislation requires that CMS provide information on both the fixed and variables costs for each individual treated in post acute care settings. During the demonstration, data will be collected in 10 geographically diverse markets and will include approximately 150 providers. The providers will include short stay acute hospitals which will provide standardized information on patient severity at discharge. The four post acute settings will submit patient severity information at admission and discharge and will submit cost and resource use data that will identify the level and types of services provided in each setting. These data, along with Medicare claims and cost report data, will be used to examine substitution issues: how do costs and outcomes differ for post acute care patients with similar case mix acuity when treated in one of the various settings? The results will be used to provide CMS and Congress information on the potential for setting-neutral payment models, revisions to single setting payment systems, current discharge placement patterns, and patient outcomes across settings.

Data Collection Overview

During this study, staff will complete forms indicating the time that they spend with patients in various activities and whether patients received various tests or other procedures. In particular, the five forms are:

- **Unit (Non-Therapist) Staff Activity Form—**This form is filled out by all **non-therapy** staff regularly assigned to or working on the unit (including part-time). It collects time that staff spend with, or on behalf of patients. Although this is a study for Medicare, we would like staff to report time they spend with all patients. This will help us understand the differences between Medicare and non-Medicare patients. We also believe it will be less difficult for staff than reporting only on Medicare patients since they will not also need to remember which patients are covered by Medicare.

- **Therapy Staff Activity Form—**This form is filled out by all **therapy** staff regularly assigned to the unit or who typically work with several of the unit's patients during the course of a day. Similar to the non-therapy unit SAF, this form collects time that staff spend with, or on behalf of patients. However, unlike the Unit SAF, therapy staff log time that patients spend with them, rather than time that they spend with individual patients. The difference is especially apparent for group therapy time. A therapist may spend 30 minutes preparing for a group and 60 minutes with patients, but

each patient spends 60 minutes (or less, if they need to leave early) with that therapist. We want to collect **both** the time that the therapist spends on the group **and** the time each patient spends in the group.

- **Non-Physician Consultant Log Form—**This form, located in a binder at the nurses' station or unit front desk, collects time that consultants, or other staff not specifically assigned to the unit, spend with, or on behalf of patients on the unit. We have identified several types of consultants:
    - Physical Therapist
    - Occupational Therapist
    - Respiratory Therapist
    - Speech Pathologist
    - Dietician/Nutritionist—Dietary aides do not need to fill out this form
    - Wound Care/Infection Nurse—Includes wound care, infection control, ostomy, and other special care nurses
    - Discharge Planner
    - Social Worker
    - PPS Coordinator
    - Phlebotomist/Other Lab Tech

  The determination of whether these sorts of persons should be collected in a consultant log or in an activity form will be based on the specific staffing patterns in an institution and how staff are assigned. RTI can help you determine the least burdensome approach for your facility.

  We have also included a column for consult not pre-identified. For these, in addition to the time spent with each patient, we also ask that the title/type of consultant be printed in the box under "Other Consult Description." Clergy and other pastoral caregivers, as well as volunteers, do not need to fill out this form.

Also, importantly, consulting physicians do not need to fill out this form. Physicians bill Medicare and other insurers directly—we do not need to capture their time on this form.

Each sheet logs consult activity for a particular day (there is a place to fill in the day on which the form was used).

- **Patient Ancillary Service Log—**This form is located in a second binder at the nurses' station or unit front desk, collects data on whether a patient received one or more imaging or other diagnostic test, or complex treatment, on a particular day. As patients receive one of the services indicated on the form (generally higher-cost tests or procedures), staff will check off a box in the log. However, you may wish to assign one staff person, such as the unit secretary, to have primary responsibility for making sure tests and treatments are logged. In addition to the pre-printed diagnostic services and treatments, there are several columns labeled "other" for you to write in services not already printed on the form.

- **Patient Tracking Form—**This form, used only by you, the Site Coordinator, has several purposes. First, the you will use it to assign unique study ID numbers for each patient. The form also indicates whether a patient is a Medicare patient and, if so, collects the patient's Medicare Health Insurance Claim (HIC) number, admission and discharge dates, age, and sex.

Collection of CRU data will occur in a few discrete time windows. These windows will last for a two to three week period and occur at approximately the 3rd, 5th, and 7th month of data collection in your facility. RTI will coordinate with you regarding the specific timing of CRU collection and procedures for setup and monitoring.

Coordinator Activities

Training

As Site Coordinator, you will be the lead person in charge of training staff on using forms during the data collection period. Some staff working on a participating unit during the data collection period may not be able to attend an RTI-led training session before data collection begins. These staff will need a

thorough training on the basics of filling out the form. In addition, staff who attend a training session may have questions when they start filling out the forms and may need a short “refresher.” You may want to provide additional training to staff as needed to address questions that they have.

Other Activities Prior to CRU Data Collection

Before the CRU data collection period begins, we ask that you first identify a secure area to store unused as well as completed forms, such as a locked file cabinet in a locked office. This is very important for preserving patient privacy. Also, please take the time to begin filling out the Patient Tracking Form for patients who you expect will be on the participating units during the data collection period. Patient study ID numbers (up to 160) are pre-printed on the form. Please add patient names and indicate whether they are a Medicare patient or not (check either the “Y” or “N” box). For Medicare patients, please: (1) record their Medicare Health Insurance Claim (HIC) number, which should be available in the Medical record or from your billing office; (2) their admission date; (3) their age; and (4) their gender. Please also identify all patients treated in your facility on the first day of the data collection. An interim CARE tool assessment will need to be completed on each of these patients during the CRU data collection period.

Beginning-of-Shift Activities

At the beginning of each day of the CRU collection portion of the study, it is important that the following are ready for each unit:

- **Unit Staff and Therapy Staff Activity Forms—**For the beginning of each shift, please provide enough Unit Staff and Therapy Staff Activity Forms at the nurses’ station, or in some other convenient place, for staff. If possible, we request that you, or the unit manager, give a SAF to each unit staff person, reminding them to: (1) fill out the information at the top of the form (name, shift, shift length, and position); (2) record time spent with, or on the behalf of, patients throughout the day, every 1 to 2 hours; and (3) provide any other instructions you think are necessary. Please emphasize that staff do not need to report time in shorter than 5- to 10-minute increments. Also feel free to provide any other instructions you think are necessary. Please remind staff that basic instructions are provided on the back of each form.

- **Non-Physician Consultant Log and Patient Ancillary Service Log Binders—**Please be sure the binders holding the log forms are available at the nurses' stations or units' front desks. Also, please be sure the tabs for each study day are filled-out, and also please record the data at the top of each log form.

During-Shift Activities

We ask that you check-in periodically with staff to answer any questions that they may have. This is especially important during the first days of the data collection period. Please also take the opportunity to update the Patient Tracking Form for patients who are admitted during the study period.

Please remind staff to fill out the Patient Ancillary Service Log for their patients or to assist the person with primary responsibility over that log. Also, please ask staff to remind consultants coming onto the unit to record their time with particular patients in the Non-Physician Consultant Log. Secretaries and unit staff at the nurses station may be trained to assist in filling out these logs since they will be aware of the staff coming on to the floor. You may also want to take the opportunity to check these logs to gauge whether staff are remembering to fill them out.

End-of-Shift Activities

At the end of each shift, please collect the SAFs from staff after they have added times across rows and columns. At this time, please make a quick check that staff have recorded time for their full shift on the form—the total time in minutes at the bottom right-hand corner of the form should equal 60 times the total shift time in hours listed at the top of the form.

Once you have collected all of the forms, please lock the forms in a secure area. We encourage you to fill in the patient study IDs on each form on a daily basis to reduce the amount of time you need to spend on filling in the study IDs at the end of the CRU data collection period.

End-of-CRU Data Collection Period Activities

At the end of the CRU data collection period, please collect the log binders from the study units. Then, please be sure that patient study ID numbers are filled out

for all patients. Also at this time, please make a photocopy of the data collection instruments (only the front side of each form need be copied).

Once you have made copies of all completed forms, and checked that patient study ID numbers are filled-in for all patients, please use a black permanent marker, correction fluid, or other similar means to obliterate patient and staff names from the original forms.

Once you have finished processing these forms at the end of the data collection period, please FedEx them to RTI using the envelopes provided.

Contacting RTI for Questions and Comments During the Study

During the study, RTI is maintaining a 24-hour phone line to answer questions on data collection procedures. Please call this phone line at any time for immediate assistance.

In addition to the phone line, RTI maintains a website for providers participating in the data collection (URL http://www.xxxxxxx.xxx). This website contains frequently asked questions and other updates on the data collection process. There is also information on submitting questions to the e-mail list server for which we registered you during the training process.

RTI will be in close contact with you during the data collection periods and will arrange phone conferences with you the day before data collection begins, following the first day of data collection, and following the final day of data collection. The goal of these phone conferences will be to ensure that you, as Site Coordinator, have the necessary information to begin the data collection and to clear up any problems that may arise. RTI will be available to assist you at any time during the data collection period.