The IMPACT Act: Improving Care Coordination Through Standardized Data Elements

We at SCCG are prepared to keep you compliant with the Impact Act 2014 that will require all new admissions and readmission to have an iMRR with medication reconciliation effective October 1, 2018.

The IMPACT Act mandates the collection and reporting of standardized data in the following post-acute care (PAC) settings: home health agencies (HH), inpatient rehabilitation facilities (IRF), long-term care hospitals (LTCH)) and skilled nursing facilities (SNF). While these are the specific sites of care described in the legislation, the IMPACT Act also emphasizes care coordination and transitions of care. Specifically, standardization of data elements allows for information to follow the patient to improve patient outcomes during transitions of care between PAC and other providers. Additionally, one of the Measure Domains for the IMPACT Act is "transfer of health information and care preferences when an individual transition from one setting to another," which is currently being developed to support these efforts.

The current assessment instruments: The Minimum Data Set (MDS) for Skilled Nursing Facilities (SNF), the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), the long-term care hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set for LTCHs, and the Outcome and Assessment Information Set (OASIS) for Home Health Agencies (HHA), will not be replaced by a single assessment instrument, but rather will be modified and standardized. These modifications will allow for the collection of a core set of standardized patient assessment-based items to meet the requirements as set forth within the IMPACT Act.

MDS Assessment will focus on: - Cognitive status - Mental status - Pain - Impairments - Special services, treatments and interventions - Other categories - Care preferences - Global health - **Medication reconciliation and the admission DRR process.**

New Section N Items

- **N2001. Drug Regimen Review**
- **N2003. Medication Follow-Up** have been added to the ***Admission (Start of Prospective Payment System (PPS) Stay) Assessment***

Section N	Medications
N2001. Drug Regimen Review	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No** = No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. **Yes** - Issues found during review → Continue to N2003, Medication Follow-Up 9. **NA** - Resident is not taking any medications → Skip to O0100m, Special Treatments, Procedures, and Programs
N2003. Medication Follow-Up	
Enter Code ☐	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?** 0. **No** 1. **Yes**

- **N2005. Medication Intervention** has been added to the ***Part A PPS Discharge Assessment***

N2005. Medication Intervention	
Enter Code ☐	**Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?** 0. **No** 1. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications.

DRR Data Elements: Intent

- The intent of the DRR items is to document whether:
  - ~ A DRR was conducted upon the resident's admission (start of SNF PPS stay) and throughout the stay (Through Part A PPS discharge), and
  - ~ Clinically significant medication issues were addressed in a timely manner when identified.

Drug Regimen Review (DRR)

- A DRR Includes:
  - ~ Medication reconciliation
  - ~ A review of all medications a resident is currently using
  - ~ A review of the drug regimen to identify, and, if possible, prevent potential clinically significant medication adverse consequences