

Office of the Assistant Secretary for Planning and Evaluation: Standardizing Assessments and Supporting Health Information Exchange

This project, sponsored by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), in conjunction with FORE/AHIMA and several collaborating experts will link required and recognized HIT standards to the MDSv3 and OASIS-C.

Lead Agency:

Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Agency Mission:

The Assistant Secretary for Planning and Evaluation advises the Secretary of the Department of Health and Human Services on policy development in health, disability and aging, human services, and science and data policy, and provides advice and analysis on economic policy. The Office of the Assistant Secretary for Planning and Evaluation (OASPE) leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning and review of regulations. Integral to this role, OASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Principal Investigator:

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Partner Agencies:

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College of American Pathologists - SNOMED Terminology Solutions
Indiana University of Regenstrief Institute, Inc.
Apelon, Inc.
TerraStar Consulting
Center for Aging Services Technology (CAST)

General Description:

Standardizing Assessments and Supporting Health Information Exchange

Consensus has emerged that interoperable health information technology (HIT) and electronic health records (EHRs) are needed to improve quality, safety, and effectiveness of health care while simultaneously enhancing efficiency and reducing costs. The use of HIT standards is needed to make interoperability a reality.

Much of the national HIT policy focus has not considered the standards and HIT applications needed in long-term care, including nursing facilities (NFs) and home health agencies (HHAs).

Each year in the U.S., thousands of NFs and HHAs provide services to millions of patients – many of whom are medically complex and frail requiring either short-term (post-acute) or long-term care. Caring for these individuals involves inter-disciplinary teams of health care professionals and paraprofessionals in NFs and HHAs, millions of physician encounters each year, and frequent transitions in care in and out of NFs and HHAs and to other health care settings.

Timely access to complete and useable health information is important in providing and improving quality and continuity of care provided to persons receiving NF and HHA services, and for increasing efficiencies in and the cost effectiveness of health care delivery to these individuals.

CMS requires NFs and HHAs complete and electronically transmit federally-developed patient assessments: the Minimum Data Set (MDS) assessment and the Outcome and Assessment Information Set (OASIS), respectively. CMS will be updating these instruments to the MDSv3 and OASIS-C.

Federally-required assessments are the backbone of HIT products available to NF/HHA providers. Presently, these assessments are not linked with HIT standards and HIT products used by most of these providers are not standardized. Linking accepted HIT standards to federally-required assessments is expected to enable NF/HHA providers to engage in interoperable health information exchange with hospitals and doctors to improve critical information sharing between the sectors, support quality and continuity of care improvements, increase efficiencies, and reduce costs.

The Office of the Assistant Secretary for Planning and Evaluation has contracted with the Foundation of Research and Education (FORE) of the American Health Information Management Association (AHIMA) to apply recognized and required HIT standards to the MDSv3 and OASIS-C. FORE/AHIMA has convened several persons with expertise in HIT content and messaging standards, and expertise in the MDS and OASIS instruments to link required/recognized HIT standards to these patient assessment instruments.

Excellence: What makes this project exceptional?

Significance: How is this research relevant to older persons, populations and/or an aging society?

Effectiveness: What is the impact and/or application of this research to older persons?

Innovativeness: Why is this research exciting or newsworthy?

The project to link accepted HIT standards to the emerging NF MDSv3 and HHA OASIS-C patient assessment instruments is exceptional in its focus on applying HIT standards to a key business function in NFs and HHAs. Much of the national HIT policy focus has not taken into account long-term care.

This project will leverage standards that have been (i) recognized by the public and private sectors for use in exchanging health information, and (ii) required for use by the Secretary of HHS for federal health care programs. Certain Federal health care programs (including Medicare) are required to use HIT systems and products that meet “recognized interoperability standards” as designated by the Secretary of HHS. This project will re-use and link applicable “recognized interoperability standards” to the MDSv3 and OASIS content and for the exchange of these assessments.

In addition, the Secretary of HHS has required the use of accepted CHI (Consolidated Health Informatics) Standards by “all federal agencies in implementing new, and as feasible, updating existing health information technology systems.” The accepted CHI standards include HIT standards for assessment content and for the exchange of assessment instruments. The CHI standards are consistent and compatible with the standards that have emerged from HITSP and recognized by the Secretary of HHS. This project will also link CHI-required standards to the MDSv3 and OASIS-C.

The LTC Community (NF and HHA providers, physicians, and vendors) have requested that LTC be included in the emerging Nationwide Health Information Network (NHIN) and have specifically requested the linkage to and use of these HIT standards of the MDSv3 and OASIS-C.

Linking and using accepted and recognized HIT standards to federally-required assessments is a critical step that will enable NF/HHA providers to engage in interoperable health information exchange in the emerging NHIN, support quality and continuity of care improvements, increase efficiencies, and decrease costs.