

PACIO Project Functional Status

Created by David Hill on Sep 20, 2019

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1a. Project Name	PACIO Project Functional Status
1c. Is Your Project an Investigative Project (aka PSS-Lite)?	No
1d. Is your Project Artifact now proceeding to Normative directly or after being either Informative or STU?	No
2a. Primary/Sponsor WG	Patient Care
2c. Co-Sponsor Level of Involvement	<div style="border: 1px solid #ccc; padding: 5px;">Request formal content review prior to ballot Request periodic project updates; specify period in text box below (e.g. 'Monthly', 'At WGMS', etc.)</div>
2d. Project Facilitator	Dave Hill
2e. Other Interested Parties (and roles)	PACIO Project
2f. Modeling Facilitator	Chris Pugliese
2h. Vocabulary Facilitator	Matt Elrod
2i. Domain Expert Representative	Matt Elrod
2j. Business Requirements Analyst	Raj Mahajan
2k. Conformance Facilitator	Chris Pugliese
2m. Implementers	MITRE, MatrixCare

3a. Project Scope

Poor quality discharge information is a major barrier to safe and effective transitions. With 45% of Medicare beneficiaries requiring post-acute care (PAC) services after hospitalization, the need for a seamless exchange of health information is great.

In 2014, the Social Security Act was amended to include the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, which required the standardization and interoperability of patient assessment in specific categories for post-acute care (PAC) settings, including long-term care hospitals (LTCHs), home health agencies (HHAs), skilled nursing facilities (SNFs), and inpatient rehabilitation facilities (IRFs). It focuses on standardizing data elements in specified quality measure domains and patient assessment domains for cross setting comparison and clinical information exchange, respectively. The Act requires:

- Reporting of standardized patient assessment data through commonly used PAC assessment instruments for LTCHs, SNFs, HHAs, and IRFs
 - o Minimum Data Set (MDS) for SNFs
 - o Inpatient Rehabilitation Facility – Patient Assessment Information (IRF – PAI) for IRFs
 - o LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) for LTCHs
 - o Outcome and Assessment Information Set (OASIS) for HHAs
- Implementation of data elements specified in each assessment domain using standardized data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers
- Data to be standardized and interoperable to allow exchange of data between PAC providers, among others, using common standards and definitions to provide access to longitudinal information and facilitate coordinated care.

Required assessment content includes standardized questions and response options (aka “data elements”) for assessing a patient’s functional status.

This project seeks to:

- (1) determine the data model required to comprehensively exchange functional status information between health care settings,
- (2) develop FHIR Implementation Guides, Profiles, and necessary Extensions to specify how to syntactically and semantically exchange that data between care settings,
- (3) develop client and server reference implementations to validate the Implementation Guide, Profiles, and Extensions work in a software system,
- (4) develop automated test suites to validate operation, and
- (5) build real world pilots that successfully demonstrate the new capabilities in production.

3b. Project Need

Interoperability challenges persist in post-acute care; providers are not receiving complete and accurate information in a timely manner, leading to patient harm, adverse outcomes, and additional expense. Failure to exchange accurate, timely data often leads

to inefficient workflows, duplicative data entries, and increased risk of patient harm attributable to missing or inaccurate information. Health IT can significantly alleviate this administrative burden by exchanging post-acute care assessments and associated clinical information between care settings to ensure that the receiving care setting has all of the relevant information they need to best treat the incoming patient, improving patient outcomes, reducing provider burden, improving cost efficiencies, and improving workflows. Moreover, it would allow for advanced computability, standardization, usability, and real-time analytics for PAC facilities, enabling broader use by health IT developers, researchers, providers, and payers.

3c. Security Risk	Yes
3d. External Drivers	The IMPACT Act requires data to be standardized and interoperable to allow exchange of data between PAC providers, among others, using common standards and definitions to provide access to longitudinal information and facilitate coordinated care.
3e. Objectives/Deliverables and Target Dates	Project Scope Statement Due: 2019 Oct 4 FHIR IG Proposals Due: 2020 Feb 16 Notice of Intent to Ballot: 2020 Mar 1 FHIR Ballot Core Substantive Freeze: 2020 Mar 13 Initial Content Deadline: 2020 Mar 15 Reconciliation Deadline and Ballot Preview Period: 2020 Mar 22 Final Content Deadline: 2020 April 5 Ballot Readiness Sign Off: 2020 Apr 10-11 Ballot Open for Voting: 2020 Apr 10 – 2020 May 11
3f. Common Names / Keywords / Aliases:	PAC Assessments 1) Resident Assessment Instrument (RAI) Minimum Data Set (MDS) used by Skilled Nursing Facilities (SNFs) 2) Inpatient Rehabilitation Facility – Patient Assessment Information (IRF-PAI) used by IRFs 3) LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) used by Long-Term Care Hospital (LTCHs) 4) Outcome and Assessment Information Set used by Home Health Agencies (HHAs)
3g. Lineage	N/A
3h. Project Dependencies	To be determined
3i. HL7-Managed Project Document Repository URL:	To be determined
3j. Backwards Compatibility	No
3l. Using Current V3 Data Types?	N/A

3m. External Vocabularies	Yes
3n. List of Vocabularies	To be determined
3o. Earliest prior release and/or version to which the compatibility applies	N/A
4a. Products	FHIR Implementation Guide, FHIR Profiles, FHIR Resources, Guidance (e.g. Companion Guide, Cookbook, etc)
4b. For FHIR IGs and FHIR Profiles, what product version(s) will the profiles apply to?	FHIR version R4
4c. FHIR Profiles Version	FHIR version R4
5a. Project Intent	Create new standard
5b. Project Ballot Type	STU to Normative
5d. Joint Copyright	No
6a. External Project Collaboration	Center for Medicare and Medicaid Services (CMS), Office of the National Coordinator (ONC), Department of Veteran Affairs (VA)
6b. Content Already Developed	25%
6c. Content externally developed?	No
6e. Is this a hosted (externally funded) project?	Yes
6f. Stakeholders	Clinical and Public Health Laboratories, Quality Reporting Agencies, Regulatory Agency, Standards Development Organizations (SDOs)
6g. Vendors	Pharmaceutical, EHR, PHR, Health Care IT
6h. Providers	Emergency Services, Healthcare Institutions (hospitals, long term care, home care, mental health)
6i. Realm	U.S. Realm Specific
7a. Management Group(s) to Review PSS	FHIR

project-scope-statements

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