

NPRM Request for Additional Comments Disability Status

**HITPC Certification & Adoption Workgroup
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Disability Status

NPRM Request for Comment

- EHR criteria to record functional, behavioral, cognitive, and/or disability status
- Placement in the EHR
- Standards for recording status

Policy Considerations

- Provide appropriate care
- Assess and address disparities
- Value of demographic data/ self-report
- Value of clinical documentation/ clinician assessment
- Consensus on standards and models of functional status
- Readiness for widespread adoption
- Consistent use in various care summaries
- Alignment with other initiatives
- Other similar patient information

Comment 1:

EHR Criteria and Placement in Record

- To be clinically valuable, need a fuller assessment than what HHS has begun using for national surveys.
- The required demographics questions are growing.
- Consider patient-reported survey-style questions that could be collected separately from routine registration information and still be available for reporting and population analysis.
- Consider the HL7 approach to recording clinical documentation of functional status on problem lists and within assessments.
- Communicating functional status to other healthcare providers is valuable and should be optional elements in the care summary document.

Comment 2: Status of Standards

- HHS Population Health Surveys
 - Established in October 2011
 - Self-reported functional status categories
- HL7 Functional Status
 - Ballot for Comment in May 2012
- Continuity Assessment Record and Evaluation (CARE) Assessment
 - Pilot tested (200x – 2011)
 - HHS is beginning to use elements (October 2012)
 - HHS is working to incorporated in SNOMED and LOINC
 - Existing HHS assessment instruments (MDS, IRF-PAI) include additional information on functional status
- International Classification of Functioning (ICF)
 - Intended as a classification, not a documentation, standard
 - Social Security Administration and Department of Defense are assessing use of ICF

Comment 3: Staging

- These are new criteria and the standards are just now being specified
- Recommend inclusion in Stage 3 Meaningful Use

Comment 4: Gender Identity and Sexual Orientation

- The Institute of Medicine has recommended and HHS is proposing an approach for sexual orientation and gender identity similar to disability status
 - Health Surveys, beginning in 2013
 - Electronic medical records/EHRs, standards for clinical assessments are in development
- Recommend inclusion in Stage 3 Meaningful Use

Additional Material

Population Health Survey: Disability Status

HHS, Office of Minority Health

- Are you deaf or do you have serious difficulty hearing?

Yes

No

- Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes

No

- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)

Yes

No

- Do you have serious difficulty walking or climbing stairs? (5 years old or older)

Yes

No

- Do you have difficulty dressing or bathing? (5 years old or older)

Yes

No

- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

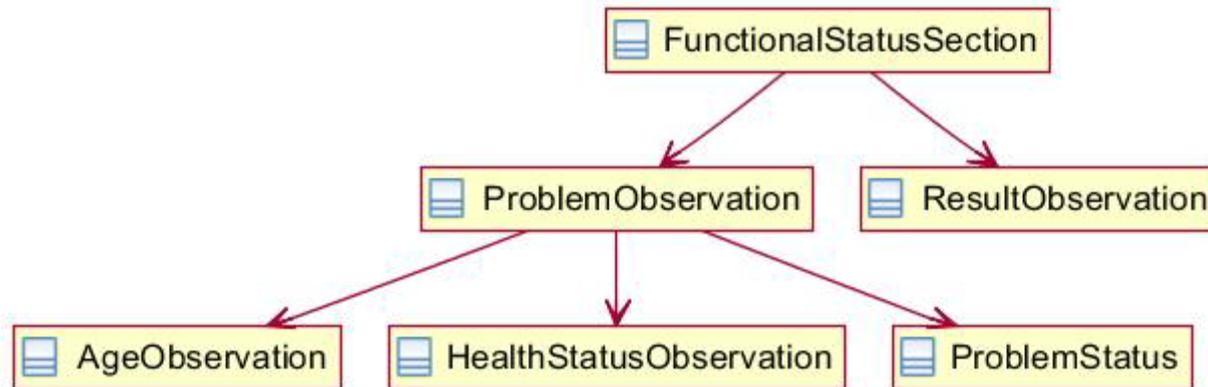
Yes

No

S&I Framework/HL7

CDA Functional Status Section

- Provides a structure
- Efforts underway to identify content standards
 - Problem Observation codes should use SNOMED CT
 - Result Observation values may be of any data type and a wide variety of coding standards
- Recommended codes expected as a special HL7 ballot in May 2012



CARE Assessment, Relevant Sections

- Cognitive: 44 elements
- Functional and Impairment: 103 elements

D. Impairments – Hearing, Vision & Communication Comprehension	
<p>D1. Understanding verbal content (with hearing aid or device if used)</p> <p>Enter <input type="checkbox"/> Code</p> <p>3. Understands: clear comprehension without cues or repetitions 2. Usually/Sometimes Understands: comprehends only basic conversations or simple, direct phrases or requires cues to understand 1. Rarely/Never Understands 8. Unable to assess 9. Unknown</p>	<p>D3. Ability to see in adequate light (with glasses or other visual appliances)</p> <p>Enter <input type="checkbox"/> Code</p> <p>3. Adequate: sees fine detail, including regular print in newspapers/books 2. Mildly to Moderately Impaired: can identify objects; may see large print 1. Severely Impaired: no vision or object identification questionable 8. Unable to assess 9. Unknown</p>
<p>D2. Expression of ideas and wants</p> <p>Enter <input type="checkbox"/> Code</p> <p>3. Expresses complex messages without difficulty and with speech that is clear and easy to understand 2. Exhibits difficulty with expressing needs and ideas or speech is not clear 1. Rarely/Never expresses self or speech is very difficult to understand. 8. Unable to assess 9. Unknown</p>	<p>D4. Ability to hear (with hearing aid or hearing appliance if normally used)</p> <p>Enter <input type="checkbox"/> Code</p> <p>3. Adequate: hears normal conversation and TV without difficulty 2. Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly 1. Severely Impaired: absence of useful hearing 8. Unable to assess 9. Unknown</p>

Example from the CARE Assessment