

Post Acute Care Admission Continuity Assessment Record and Evaluation (PAC-PRD CARE) Tool-Section VI: Functional Status

<p>Availability:</p>	<p>For additional information and to obtain this instrument, please visit, PLEASE CLICK HERE FOR MORE INFORMATION</p> <p>Overview of the Medicare Post Acute Care Payment Reform Initiative: PLEASE CLICK HERE FOR MORE INFORMATION</p>
<p>Classification:</p>	<p>Exploratory</p>
<p>Short Description of Instrument:</p>	<p>Purpose</p> <p>The CARE instrument is a patient assessment instrument designed to measure differences in patient severity, resource utilization, and outcomes for patients in acute and post-acute care settings. The Centers for Medicare and Medicaid Services (CMS) specifies that the CARE tool will be used to 1) standardize program information on Medicare beneficiaries' acuity at discharge from acute hospitals; 2) document medical severity, functional status and other factors related to outcomes and resource utilization at admission, discharge and interim times during post-acute treatment; and 3) understand the relationship between severity of illness, functional status, social support factors and resource utilization. The CARE instrument is being used in the Post-Acute Care (PAC- Payment) Reform Demonstrations Program and may be used to develop a setting-neutral post-acute care payment model.¹</p> <p>Overview</p> <p>Four major domains are included in the tool: medical, functional, cognitive impairments, and social/environmental factors. These domains measure case mix severity differences within medical conditions or were selected to predict outcomes such as discharge to home or community, re-hospitalization, and changes in functional or medical status. The development of the CARE tool builds on prior research and incorporates lessons learned from clinicians treating the continuum of patients seen in all four settings.²</p> <p>Time</p> <p>The administration time is currently unknown.</p> <p>Scoring</p> <p>N/A</p> <p>Psychometric Properties</p> <p>Data collection is underway through 2010. Psychometric information should be available in 2011.</p>

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<p>Short Description of Instrument:</p>	<p>Other Important Notes</p> <p>The tool targets a range of measures that document variations in a patient’s level of care needs including factors related to treatment and staffing patterns such as predictors of physician, nursing, and therapy intensity. It was designed to measure outcomes in physical and medical treatments while controlling for factors that affect outcomes, such as cognitive impairments and social and environmental factors. Similar items are collected in hospitals, skilled nursing facilities (SNFs) and home health aides (HHAs), although the exact item form may be different. The assessment tool is being designed to replace the OASIS, MDS, and IRF-PAI tools. The web-based technology allows for future changes in the data sets to incorporate advances in evidence-based medicine. The system is also designed to minimize provider burden by enabling item subsets to be used when appropriate for measuring each domain, depending on the patient’s characteristics.²</p>
<p>References:</p>	<p>1 Harkless BL. Comments regarding the Medicare Continuity Assessment Record and Evaluation (CARE) Instrument APTA Letter September 25, 2007</p> <p>2 Overview of the Medicare Post Acute Care Payment Reform Initiative. PLEASE CLICK HERE FOR MORE INFORMATION</p>