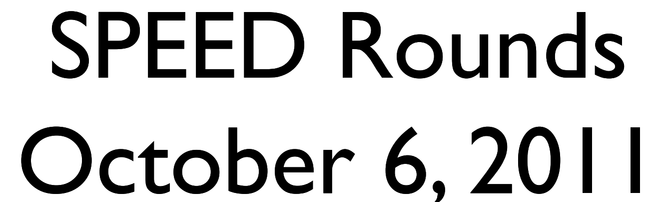

Uniform Assessment System – New York: Research, Evaluation, Planning and Implementation of an automated, uniform assessment system

Carla R. Williams, Deputy Director,
Division of Long Term Care,
Office of Health Insurance Programs

UAS – NY: Goal

- Develop a comprehensive assessment instrument that:
  - Evaluates an individual's health status, strengths, care needs, and preferences.
  - Guides the development of individualized long term care service plans.
  - Ensures that individuals with long term care needs receive the right care, within the right setting and at the right time.

Current Environment

- Multiple screening and assessment tools in current use complicates an already fragmented and poorly coordinated delivery system.
- Many instruments lack standardization, have not been tested for reliability or validity, and are not automated.
- Care plans and referrals are open to subjectivity.

Objectives of UAS - NY

- Assess individual's functional needs and abilities through empirically tested and validated means.
- Provide accurate data to develop individualized plans of care that are consumer-driven, build on consumer strengths and offer consumer choice.
- Identify level of care.
- Assist with care planning and oversight.
- Reduce redundancy.

Objectives

- Improve the quality, consistency, and accuracy of assessment and care plans.
- Enhance the state's capacity for program development and policy decisions that are data-driven.
- Increase access to data by multiple providers via electronic means.
- Provide compatibility with other data sets and align with existing standards to the extent possible.

Background

- Extensive review of literature to identify uniform data sets and assessment instruments developed by other states and countries.

- Secured expertise to validate preliminary findings and recommendations.

Learning from Other States and Countries

- Conducted focused discussions about uniform assessment instruments, e.g., Washington, Michigan, Massachusetts, New Jersey, Maine, Louisiana, Canada.
  - Why particular tool was chosen/developed.
  - How was the business plan developed, from goals to implementation.
  - Functions of the tool.
  - Settings in which the tool is used.
  - Stake holder support.
  - Screening process to determine who gets the in-home assessment.
  - Training needs and resources.
  - Inter-rater reliability.

Tool Selection

- Two possibilities surfaced:
  - CMS CARE.
  - interRAI Community Health Assessment.
- An interRAI Community Health Assessment was chosen (interRAI CHA).

InterRAI Capabilities

- Evaluates an individual's health status, care needs and preferences.
- By design, compatible in key areas with the nursing home RAI.
- Consistent, standardized, and validated level of care and assessment.
- Automatable.
- High inter-rater reliability.
- Data set can be used across settings with customization for specific settings.
- Reasonable length of assessment.
- Available for use.

interRAI – CHA Key Domains:

KEY DOMAINS

- *Identification Information*
- *Intake and Oral History*
- *Cognition*
- *Communication and Vision*
- *Mood and Behavior*
- *Psychosocial Well-being*
- *Functional Status*
- *Continence*
- *Disease Diagnoses*
- *Health Condition*
- *Oral and Nutritional Status*
- *Skin Condition*
- *Medications*
- *Treatment and Procedures*
- *Responsibility*
- *Social Supports*
- *Environmental Assessment*
- *Discharge Potential and Overall Status*
- *Discharge*
- *Assessment Information*

Clinical Assessment Protocols (CAPs)

Problem-focused conditions that are common risks:

KEY CAPs

Functional Performance

Sensory Performance

Mental Health

Bladder Management

Health Problems/Syndromes

Service Oversight

Development for Software and Training

- Evaluate the interRAI CHA vis-à-vis programs and regulations.
- Map the current assessment process in all programs.
- Document use of the current assessment.
- Identify outcomes and initiate curriculum for assessor education program.
- Computer readiness survey of users.
- Beta testing preparation.
- Web-based training being created.
- Training tools incorporated into software.

Scope

- interRAI:
  - Community Health Assessment
  - Functional Supplement
  - Mental Health Supplement
  - Scales, Triggers, CAPs, RUG III
- New York State Adds:
  - Skilled Nursing Facility Level of Care
  - New York State-Specific Data
- Summary Output Will Support:
  - Service Planning
  - Care Planning
  - Case Management

System Structure

- Department of Health
  - Health Commerce System
  - User Login and Authentication
  - System Security
- Ability to Work "off-line"
  - Off-line Assessment
  - Other Remote Connection

Iterative Development

- Phase I began May 2011:
  - Project Planning
- Phase II to be completed end of October:
  - Initial system iteration

UAS-NY Project Schedule

- Iterative Development Cycle
  - Iteration 1: May - July
  - Iteration 2: August - October
  - Iteration 3: November - December
  - Iteration 4: January - February
  - Iteration 5 BETA: March - May
  - Final Candidate Cycle: May - June
  - Pilot Implementation: June - September
- State-wide Implementation
  - September 2012 onward

uasny@health.state.ny.us