Development of Post-Acute Care Supplement (PACS) Research Files

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Project Period: 09/30/10 – 09/29/12
Grant Number: R24 HS19661-01
Data Description: http://dx.doi.org/10.3886/ICPSR34443.v1

Infrastructure Description

This project created post-acute care supplement (PACS) files for patients receiving post-acute care using two Centers for Medicare & Medicaid Services (CMS) administrative data sets—the Minimum Data Set (MDS) for nursing home care and the Outcome and Assessment Information Set (OASIS) for home health care. The PACS files supplement existing utilization-based quality measures with measures of patient functional status, psychosocial well-being, cognitive impairment, communication difficulties, and vital care processes including medication management. This enhanced capacity supports comparative effectiveness research (CER) on patients with multiple chronic conditions who receive Medicare and Medicaid-funded post-acute care, allowing researchers to identify effective treatments for this population.

Specific Aims

1. Establish a Data Use Agreement (DUA) with CMS to use MDS and OASIS data.
2. Develop standardized annual research files that are readily linkable to key beneficiary research files and research files that disaggregate the annual files into quarterly or shorter time periods.
3. Establish data distribution protocols consistent with existing protocols for confidential CMS data.
4. Create extensive data documentation and develop a plan for updating the research files.

Pilot Study

This pilot used the PACS files to determine how the distribution of expenditures on home health care has changed over time and to what extent these services have become concentrated among high-cost users. The PACS files were used to explore changes in home health expenditures for individuals with specific chronic diseases and/or disabilities and to examine the correlation between home health care use and the prevalence of chronic disease in the elderly population.
Development of Post-Acute Care Supplement (PACS) Research Files (continued)

These readily linkable data files showed that from 2000 to 2010, the share of Medicare beneficiaries enrolled in home health increased from about 6.9% to 8.5%. Enrollment increases were fastest for African American and Hispanic beneficiaries and beneficiaries living in Texas, Oklahoma, and Louisiana. Enrollment was consistently lower for Medicare Advantage than for fee-for-service beneficiaries. During this period, the activities of daily living (ADL) and instrumental ADL (IADL) scores remained constant for most age groups except for those aged 0–34, whose scores improved.

Publications (as of September 2013)

Publications currently in preparation.

Posters and Presentations

MaCurdy T, Shafrin J. Measuring changes in home health utilization and functional status with the Outcome and Assessment Summary File (OASF). Poster presented at: Leveraging Knowledge and Action to Improve Health Care Quality. 6th Annual Conference of the Agency for Healthcare Research and Quality; 2012 Sept 9–12; Bethesda, MD.