hospitalized Medicare beneficiaries are discharged to PAC settings for additional therapy or treatments. This symposium will present research conducted on behalf of CMS to identify, develop and refine candidate cross-setting assessment items reflecting clinical categories specified in the IMPACT Act. The presentations highlight the iterative development process starting with a thorough environmental scan, which included a literature review, consensus vetting via input from the clinical experts, Technical Expert Panel meetings, pilot testing and additional stakeholder engagement activities, such as public comment periods, culminating in a national Beta test that utilized over 300 field staff at 158 facilities in 14 geographic regions. The first presentation in this symposium provides an overview of the project including general timeline, stakeholder outreach and feasibility testing activities. Each of the remaining three presentations provide detail on the development and refinement of specific sets of items for assessment of: 1) pain, 2) medication reconciliation, and 3) health-related quality of life.

OVERVIEW AND APPROACH
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The Centers for Medicare & Medicaid Services (CMS) contracted with the RAND Corporation to develop standardized items for clinical assessment in post-acute care (PAC), to meet the requirements of the IMPACT Act of 2014. This presentation provides an overview of the two-year item development process that culminated in the national Beta test of candidate items, fielding December 2017 through June 2018. Candidate items for standardization under each of the clinical categories named in the IMPACT Act were identified through an environmental scan, which included a literature review, consensus vetting via input from the clinical experts, Technical Expert Panel meetings, pilot feasibility testing and additional stakeholder engagement activities, such as public comment periods. We present this process as a model for planning and then integrating multiple streams of input to inform development of a field test protocol.

POST-ACUTE CARE CROSS-SETTING ASSESSMENT OF MEDICATION RECONCILIATION PROCESS
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Accuracy assessment of pain in post-acute care (PAC) settings is critical to ensuring appropriate pain management and patient-centered care. However, current PAC instruments vary considerably in pain assessment content, particularly for assessments of non-communicative individuals, which may reduce reliability, utility, and interoperability of assessment data. The Centers for Medicare & Medicaid Services contracted with the RAND Corporation to develop PAC standardized assessment items to meet the requirements of the IMPACT Act of 2014. Development included an environmental scan, which included a literature review, consensus vetting via input from the clinical experts, Technical Expert Panel meetings, pilot feasibility testing and additional stakeholder engagement activities, such as public comment periods. Pilot testing results for pain interview and observational assessment items were encouraging: items appeared feasible to administer across settings, and interrater reliability was good to excellent (kappa range 0.69 – 1.00) especially for interview items. Implications for national Beta test are discussed.

POST-ACUTE CARE CROSS-SETTING ASSESSMENT OF THE MEDICATION RECONCILIATION PROCESS
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To support implementation of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act of 2014), the RAND Corporation developed candidate standardized assessment items to assess medication reconciliation. Development included an environmental scan, which included literature reviews, consensus vetting via input from clinical experts, Technical Expert Panel meetings, pilot feasibility testing and additional stakeholder engagement activities, such as public comment periods. Following Joint Commission guidelines, the initial 12-item set reflected a multi-step process for the reconciliation of medication lists: identifying, comparing, clinical decision-making, and communicating. These items are unique in their attempt to identify whether the steps of medication reconciliation were done in a way that can be applied in the PAC setting. A second round of testing on a reduced item set found decreased time of administration and better clarity, but still low agreement on some items leading to further refinements prior to national Beta testing (results forthcoming).

POST-ACUTE CARE CROSS-SETTING ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE
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The Patient-Reported Outcomes and Measurement Information System (PROMIS) is widely used for measuring mental and physical health-related quality of life. The Centers for Medicare & Medicaid Services (CMS) contracted with the RAND Corporation to develop post-acute care (PAC) standardized assessment items to meet the requirements of the IMPACT Act of 2014. In an effort to include patient-reported outcomes, RAND selected items for testing from PROMIS instruments. Initial evaluation considered PROMIS items from the domains of cognitive function, anxiety, depression, physical function, fatigue, sleep, and social and global health. Items were evaluated in a provider/consumer survey, technical expert panel (TEP) review, cognitive interviews, and public comment. PROMIS Anxiety items were included in initial testing, showing favorable psychometric properties. Items from PROMIS Anxiety, Depression, and Global Health domains were included in national field testing. Descriptive and psychometric properties of the items will be presented, as well as differences in item format.