

MDS 3.0 Is on Its Way

by L. Suzy Harvey

The Centers for Medicare and Medicaid Services (CMS) has made changes to the minimum data set (MDS) to increase resident-centered care in nursing homes. The changes allow the resident to have an increased voice in the assessment process. Residents and their families want care in the nursing home to be individualized and accurate. This resident-based model is fundamental to ensuring high quality and addressing long-term care culture changes, which are occurring as the first wave of baby boomers nears their later years and health information moves toward electronic formats.

On Dec. 31, 2007, CMS provided a Web posting of the draft MDS 3.0 timeline, followed by a Web posting of the draft MDS 3.0 assessment instrument prior to a Jan. 24, 2008, "Special Open Door Forum" regarding the MDS 3.0 and clinical content changes.

The January forum was presented by Dr. Debra Saliba, lead researcher for the RAND Corporation on the MDS 3.0 project. The focus was on the findings of a five-year demonstration study and the main advances in the MDS 3.0 over the MDS 2.0. The MDS 3.0 is based on the results of a national clinical validation study that included testing the MDS 3.0 items for clinical efficiency, validity and reliability in 71 nursing homes in eight states. Some modifications were made to the MDS 3.0 following the clinical validation study.

The current MDS 3.0 design appears more user-friendly. The form design has been revised with a larger font and fewer items on the page. With definitions printed directly on the form, a new MDS coordinator will find its completion less confusing. The MDS 3.0 offers these benefits:

- Gives the resident voice by instituting interview questions
- Increases clinical relevance by identifying resident and family concerns
- Increases accuracy (validity and reliability)
- Increases clarity of questions and definitions
- Reduces time to complete by 45%

Probably the most significant advance is in the new direct resident interview items. According to CMS, this will improve the accuracy, feasibility and efficiency of the assessment process with more specific, focused questions to elicit meaningful reports highlighting respect for the individual and promotion of a higher quality of care and quality of life. As explained in the CMS' Web site MDS 3.0 introduction, "[T]he resident interview is feasible, and the study has shown that even cognitively impaired residents can answer simple direct questions accurately and reliably."

Nurses involved in the five-year study judged the MDS 3.0 improved in clinical utility and clarity as noted below:

- 85% of nurses rated MDS 3.0 as likely to help identify unrecognized problems.
- 81% rated MDS 3.0 as more relevant than the 2.0.
- 84% reported that the MDS 3.0 interview items improved their knowledge of the resident.
- 85% rated the MDS 3.0 questions as more clearly worded.

The nurses involved in the study also rated highly the validity of the MDS 3.0 as shown by the following:

- 89% rated the MDS 3.0 as providing a more accurate report of residents' characteristics than the MDS 2.0.
- 76% rated the MDS 3.0 as better at reflecting best clinical practices or standards.

The MDS 3.0 also took much less time to complete – an average time of 62 minutes versus the MDS 2.0 time of 112 minutes.

During the study, completion time for the MDS did not include the resident assessment protocol (RAP) or care planning process. Bob Connelly, CMS MDS 3.0 coordinator, reported that information on the

resource utilization groups (RUGs), RAPs, case mix and submission requirements are not currently available, as they are dependent upon the completion of the Staff Time and Resource Intensity Verification (STRIVE) project. The information garnered from the STRIVE study is proposed to be made available in November 2008, with specifications for vendors and providers.

The five sections of the MDS 3.0 with major revisions were the focus of the January forum and are listed below.

Cognitive/Delirium

- Brief interview for mental status (BIMS) – a new structured test replaces staff assessment for residents who can be understood.
- Staff assessment for mental status is completed only for residents who cannot complete an interview.
- Validated Confusion Assessment Method (CAM) replaces old delirium items.

Mood

- PHQ-9, a nine-item Patient Health Questionnaire for depression – new resident interview replaces staff observations for residents who can report mood symptoms.
- Staff PHQ-9 – new observation items replace old staff assessment and are only completed for residents who cannot self-report; includes irritability item.

Behavior

- Hallucinations and psychosis moved from section J to the behavior section of the MDS 3.0. Definitions for both hallucinations and psychosis are on MDS 3.0.
- Revised language is clearer and linked to how the behavior affects others.
- Replaced “alterability” with specific impact questions.
- Replaced “resisting care” with “reject care” and refocused on resident’s goals of care.

- Wandering rated separately from the three behavioral symptoms groups with impact replacing “alterability.”

Customary Routine & Activities

- New interview questions replace 20 Customary Routine staff assessment items for residents who can be interviewed.
- Current importance rating replaces “check all that apply in the past year.”
- New interview for activities preference replaces 12 staff assessment items for residents who can be interviewed.
- New question is on whether the resident wants to talk to someone about returning to the community.
- Staff Assessment of Activity and Daily Preferences is completed only for residents who cannot complete interview. There are major changes to several items, and staff are instructed to observe resident response during exposure to activity.

Pain Assessment Items

- Treatment items have been added.
- Resident interview replaces staff observations for residents who can report pain symptoms.
- Section has been added to capture effect of pain on sleep and day-to-day activity.
- Staff assessment of pain has been changed to an observational checklist of pain behaviors and completed only for residents who cannot self-report.

Other Sections with Important Changes

- Pressure ulcer – elimination of reverse staging; added pressure ulcer on admit
- Balance – refocused on movement and transitions
- Falls – added type of injury

- Bowel and bladder – no longer rate catheter as continent; improved toileting program items; added resident response to toileting program
- Activities of daily living (ADLs) – single-response scale, self performance and staff support combined
- Goals of care and return to community items added
- Oral/dental items improved – edentulous added
- Swallowing item – checklist of observable signs and symptoms added
- Restraints – separates bed and chair

For more in-depth information on the study and findings, go to: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp.

A draft copy of the MDS 3.0 and the presentation materials also are available at the Web site. Stay informed as the MDS 3.0 implementation begins.

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