

MDS Alert

Don't Let The MDS 3.0 Catch You By Surprise

Here's what you can do now to prepare.

Once the MDS 3.0 goes into effect, you may feel like someone opened a window and threw out much of what you knew, unless you start getting ready now.

The problem is ... you can't be expected to master a new MDS instrument that's still a moving target. But there are some ways you should - and should not - prepare now to navigate the revamped long-term care assessment landscape.

Take a good look at the "big picture" of the draft version of the MDS 3.0. You can download and print a version from the **Centers for Medicare & Medicaid Services'** Web site at www.cms.hhs.gov/quality/mds30. (For a rundown of the major changes and related commentary, see , "What's Coming Down the MDS Pike?".) The instrument will give you an idea of the direction MDS assessment is headed, which reflects recommendations from numerous professional groups and a new emphasis on quality of life, pain management and depression. There are also new Resident Assessment Protocols (RAPs): Pressure Ulcer-Prevention, Quality of Life, Restorative Care, Discharge Planning, Pain and Infection Control/ Prevention.

Don't waste your energy or time focusing on the specifics at this point. Experts caution that trying to master the draft MDS 3.0 will be an exercise if not in futility, then in frustration, because the instrument will continue to evolve until it goes into effect, which will probably be in 2005. "In addition, CMS has only released the draft form itself thus far - without the accompanying coding instructions," cautions **Ruta Kadonoff**, senior health policy analyst with the **American Association of Homes & Services for the Aging**. "So it would be difficult for providers to attempt to work with the new items extensively, and of course, they would need to do so in parallel to the MDS 2.0, which would just require more paperwork," she says.

Stay on top of what's happening to the MDS 3.0 and the timeline for development and implementation. CMS contractors will be doing alpha and national field testing of the draft instrument probably through March of 2004, a CMS official tells **Eli**. The agency predicts the instrument will probably be finalized by July and then will require an additional 10 months for vendors and state Medicaid agencies to test their software programs, the official reports. Providers can stay abreast of new developments by checking the CMS web site (cited above) and also through their nursing home trade organizations and the **American Association of Nurse Assessment Coordinators** (www.aanac.org).

Explore the value of certain sections of the draft instrument for potential use in quality improvement efforts. "Whether particular items end up on the final form doesn't negate their potential usefulness for facilities in terms of their own quality improvement processes," notes AANAC president **Rena Shephard**. Specific areas that might be useful include the new approach to assessing depression, quality of life and pain (see "What's Coming Down the MDS Pike?"). For example, Shephard predicts quality of life will rank as important as quality of care in the future, if it doesn't already.

Share your input and suggestions with CMS. The agency's Web site encourages people to look at the instrument and provide feedback. CMS also has a resource mailbox where people can submit feedback and comments. CMS plans to hold a second Town Hall meeting after its contractors complete the analysis of the field testing, according to the agency official. "We really have a wonderful opportunity to provide input for shaping the instrument," comments **B.J. Collard**, a nurse consultant with **CTS Inc.** in Denver.

Work closely with your MDS software vendors. That will be important as the implementation date draws closer because it will help ensure a smooth transition to the new system, Kadonoff advises. Software vendors are, in fact, facing



some potential changes which might possibly include a new RUG-III grouper logic, says **Jennielyn Baradi**, RHIA, product manager for **Keane Care Inc.**, a long-term care software vendor in Bellevue, WA. In the meantime, Baradi encourages providers to pass along suggestions to vendors for how they'd like vendors to handle the MDS 3.0. "The input helps," she says, "especially from people in the industry who worked on the transition from the 1.0 to the 2.0 MDS in terms of what panned out and what didn't."