

## MDS Alert

### Proposed Rule: Understand Social Determinants for Fiscal Year 2022 QRP PPS Proposed Rule

**Hint: Don't worry, because the new elements are mostly related to data collection.**

Though experts studying the correlation between lifestyle and health have long noticed the correlation between a person's place in society and her overall health, the Centers for Medicare and Medicaid Services (CMS) is now aiming to collect data in hopes of improving care. The new aim is included in the skilled nursing facility reporting requirements for the 2022 Federal Fiscal Year Proposed Rule for the Quality Reporting Program (QRP) and Value-Based Purchasing Program (VBP).

The new information that may be required concerns social determinants of health (SDOH) and standardized patient assessment data elements (SPADEs).

"The proposed new category related to Social Determinants of Health (SDOH) requires the collection of information related to seven proposed SDOH SPADEs," says **Linda Elizaitis, RN, RAC-CT, BS, CIC**, president of **CMS Compliance Group** in Melville, New York.

With the push to create a long-term industry culture truly centered on individualizing patient care, these social determinants of health, it's no surprise that CMS would devise additional items to check-in on progress in meeting that goal. However, the way that CMS has structured the items shouldn't stress nurse assessment coordinators (NACs).

"Some of these data elements do not require any additional input from the NAC since they are already included in the MDS, but there are several new items being proposed that, if finalized, would add additional items to the MDS. Rather than being open-ended questions, they would use ranking scales to be populated, so overall, the burden on the Coordinator would not be greatly increased," Elizaitis says.

Instead, the new items would be tied into care planning and discharge processes, Elizaitis says.

"These items could be looked at to ensure that patients receive care according to additional preferences and needs," she says.

The data would be evaluated to see whether the quality of care across the continuum of care addresses these unique needs. "This includes transfers to other PAC provider types upon discharge from a nursing facility," she adds.

#### **Understand the Role of Race and Ethnicity**

Although the MDS already requires information on race and ethnicity, the proposal would expand the question.

"The proposed revision would break that one question into two parts - one data element for Race and one for Ethnicity, with expanded options under each of the questions to more accurately capture potential variations in answers," Elizaitis says.

Part of improving access to care is figuring out the health situation in which the resident begins.

"The proposed rule implies that addressing disparities amongst these groups can help improve access to care, improve quality of care and improve health outcomes, and capturing this type of data is essential to understanding the different experiences of the population," she explains.

#### **Accommodate Preferred Language with Interpreter Services**

Currently, the MDS includes two data elements that address a patient's preferred language and need/desire for an interpreter to assist with communicating with facility staff, Elizaitis says.

"The proposal is to continue using these two data elements on the MDS, so there is no increased burden to NACs. This, however, does leave the provider open to identification of an unmet preference if this information is not transferred to the care plan and taken into consideration," she says.

### **Check in on Social Isolation**

Similarly, and perhaps in correlation, CMS wants to know whether residents identify as feeling socially isolated.

"Borrowing from the Accountable Health Communities (AHC) Assessment Tool, the proposed rule seeks to add an item that measures a person's feelings of being socially isolated. Social isolation is actual or perceived lack of social contact with other people as a result of living in a remote/rural location or from living alone. The data element that would be added to the MDS would ask how frequently a person feels lonely or socially isolated from those around them. This would require an additional item to be coded on the MDS with five response options," Elizaitis explains.

### **Look to Health Literacy**

CMS is really digging into understanding how care can be improved and acknowledging that residents are best served by care that they understand. A new question about health literacy addresses the reality that residents may not understand various aspects of their medical situation or treatment plans.

"The proposed rule notes that assessing health literacy can facilitate better care coordination as well as discharge planning, which are two key areas that are being emphasized by CMS," Elizaitis says.

"However, there is no health literacy data element included in the MDS, so if adopted, the Single Item Literacy Screener (SILS), which assesses reading ability, would be added to the MDS. The proposal is for a single-item question that asks how frequently a patient needs help when she is reading instructions, pamphlets, or other written materials from a doctor or pharmacy. There are four possible predetermined responses that will need to be coded," she adds.

Keep in mind that a resident's preferred language may affect how he consumes any health literature.

### **Evaluate Access to Transportation**

Part of understanding the whole picture of a resident's health situation is understanding what she can and cannot access, in terms of healthcare as well as the other elements that make up daily life.

"There is no existing data element in the MDS that looks at transportation barriers for patients," Elizaitis says.

"The proposed rule is to adopt the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE) assessment tool that is used by Accountable Health Communities (AHC) as a screening tool. The proposed data element asks whether a patient has been prevented from getting to appointments, meetings, work, and getting things necessary for daily living, with three responses that could be selected from," she explains.

"This would be a new item that was added to the MDS and something that providers would need to consider when planning for discharge," she adds.

**Bottomline:** "Overall, the PPS Proposed Rule changes would assist in the development of a more resident-specific care plan due to the additional information being obtained. The NACs and interdisciplinary care planning team will need to determine who on the team would be the most qualified to answer any new data elements added to the MDS," Elizaitis says.

**Resource:** Read the proposed rule by visiting [www.regulations.gov/document?D=CMS-2019-0070-0002](http://www.regulations.gov/document?D=CMS-2019-0070-0002). The proposal is open for public comment until June 18, 2019, either electronically or via regular or express or overnight mail. Remember to take mailing time into account to get your comments in before the comment period closes, if you choose to submit

your comment by mail.