

## Synopsis of MDS 3.0 For Attending Physicians

The MDS 3.0 is comprised of multiple questions regarding the resident's state of health, physical function, psychosocial well-being and personal preferences. The results of the assessment are electronically transmitted to the respective State and the facility is then reimbursed for care according to a complex fee schedule known as RUGs IV. This process is similar to the DRG system utilized in hospitals. The accuracy and completeness of assessments are critical to the facility's financial well being.

This synopsis is intended to highlight the changes from MDS 2.0 to MDS 3.0 that may require the attending physician's attention:

### MDS 3.0 has strong "Voice of the Resident" content

- Complements Person-Centered Care concept and the Quality Indicator Survey that becomes effective in 2012.
- There are 5 areas requiring personal interviews with the resident
  - Cognition
  - Mood
  - Preferences
  - Pain Assessment Interview
  - Discharge Planning

### **Section C – Cognition**

- Utilizes the Brief Interview for Mental Status (BIMS) assessment for determining cognition status.

### **Section D – Mood**

- Mood interview that focuses on presence of depressive mood and frequency of depressive symptoms. Antidepressant drug intervention may be indicated.  
*Physician:* Facility may be requesting more antidepressant therapies.

### **Section E – Behavior**

- Based on observations. Categories of behavior symptoms have changed.
- Also new emphasis on *significant risk* for physical illness/injury to self or others.  
*Physician:* Facility may request assistance with medication management or alternative placement

### **Section F – Preferences for Customary Routine and Activities\***

- New emphasis on Choices and Social component. Interview about daily life  
*Physician:* Facility may request assistance with residents who are making poor choices for themselves.

### **Section H – Bladder & Bowel**

- More emphasis on restorative efforts such as bladder retraining.  
*Physician:* Facility may request physician support with urinary incontinence therapies.

### **Section I – Active Diagnoses**

- Must be up to date with those diagnoses present in last 7 days prior to each assessment. Must have documented evidence.
- Evidence can be current orders, progress notes, evaluations, etc.

*Physician:* Facility may call upon the physician more frequently to reconcile diagnoses.

### **Section J – Health Conditions**

- New focus on pain management
- Questions regarding scheduled therapy versus PRN.
- Interview assessment with resident about their pain.
- Other Conditions assessed in this category are: Tobacco Use; Prognosis; and Falls

*Physician:* Facility may require more support with pain management and more information about prognoses

### **Section M- Skin Conditions**

- MDS 3.0 has adopted the National Pressure Ulcer staging criteria; no back staging of pressure ulcers once they heal
- Questions regarding unhealed as well as healed pressure ulcers
- New coding opportunity for venous and arterial ulcers.

*Physician:* Facility will no doubt continue to request support for vascular related breakdown

### **Section N – Medications**

- New classifications of medication information; all high risk/high alert drugs

*Physician:* Such drugs help determine the acuity of the resident. Surveyors will also use this information to determine if the facility is adequately monitoring these drugs.

### **Section Q – Participation in Assessment and Goal Setting\***

- Resident has a voice in returning to the community; facility must investigate possibility and refer to community agencies.

*Physician:* Facility may discuss discharge planning more often than before. Plan to hear from Social Service