

age, living in rented housing, living alone in 1991, being unmarried in 2001, and long-term illness were the main socio-demographic factors contributing to institutionalization.

Among women, being childless also was a contributing factor. Studies in Canada and France also found caregiver burden to be an independent factor associated with the institutionalization of older people with dementia or Alzheimer's disease.

The report notes that some national nursing facility systems have well-

**‘The most rapid increases in the older population are in the developing world.’**

developed rehabilitative programs that discharge a high proportion of users back into the community, while other systems have relatively limited rehabilitative services.

In developing countries, rates of institutionalization are low or negligible, the report notes.

“Lately, however, a number of countries have recognized that even if the family retains much of the support function for older members, demographic and socioeconomic changes are straining this arrangement,” the report says.

The most rapid increases in the older population are in the developing world, where the current rate of growth is more than double that in developed countries.

By 2040, today's developing countries are likely to be home to more than 1 billion people aged 65 and over—76 percent of the projected world total.

The report is available at: [www.census.gov/prod/2009pubs/p95-09-1.pdf](http://www.census.gov/prod/2009pubs/p95-09-1.pdf).

—Meg LaPorte

## The QIS Expert

# The Impact Of MDS 3.0 On The QIS

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Kramer

**Q:** How will the changes in the new minimum data set (MDS) 3.0 affect the quality indicator survey (QIS)?

**A:** The short answer is that the QIS process will not change significantly with the conversion from MDS 2.0 to 3.0, and the transition will occur as the 3.0 is deployed.

To understand this issue, one must first understand the use of the MDS in the QIS process.

Unlike in the traditional survey process, where the MDS quality indicator (QI) and quality measure (QM) reports are reviewed off site to identify care issues and a sample of residents to investigate on site, the QIS uses the MDS to select random samples for Stage 1 investigation.

The QIS also uses the MDS to calculate the Cognitive Performance Scale (CPS) for the census sample of residents to determine if they are able to be interviewed.

Although the CPS is a good initial cognitive screen, the QIS requires further screening of residents at the start of the interview to ensure they are able to answer the questions, since cognition isn't always consistent.

Finally, the MDS is used to calculate 44 of the 162 quality-of-care and quality-of-life indicators (QCLIs) for

all residents in the building in the last six months. The first 24 of these are taken from the MDS QI and QM reports, while the remainder are new QCLIs that were developed exclusively for the QIS.

The MDS QCLIs are calculated at the conclusion of Stage 1, compared

with thresholds, and used along with resident, family, and staff interviews;

resident observations; and chart reviews to determine the need for further investigation under Stage 2.

Seventy-six percent of the Stage 2 investigations are triggered by QCLIs not from the MDS.

The University of Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), will determine how to incorporate the changes between 2.0 and 3.0 in the QIS process. The CMS information technology contractor will program and deploy the new software.

The use of the MDS for sampling will be largely unchanged. Initially, the CPS will continue to be used for the cognitive screen, but when the MDS 3.0 Brief Interview for Mental Status (BIMS) is calibrated, it will be used along with the CPS.

Some of the items used in the MDS QCLI calculations will remain the same in 3.0. However, many of the items related to quality measurement will change, resulting in changes to the QCLIs that will be phased in as the new QMs are developed and tested.

*‘The QIS uses the MDS to select samples for Stage 1 investigation.’*