

## GE, Intel Create Global Aging Venture

General Electric and Intel recently announced a joint venture to provide telehealth, monitoring, and assistive device technologies to the aging and people with chronic diseases.

The new company will focus on three major segments: chronic disease management, independent living, and assistive technologies. GE Healthcare and Intel combined assets include GE Healthcare's QuietCare and Intel's Health Guide and Health Reader.

QuietCare is a behavioral remote patient monitoring system that uses wireless sensors to noninvasively track the daily patterns of seniors' activities. It alerts caregivers if there are behavioral changes in the senior, which may indicate change in condition or emergency.

Health Guide Intel is a remote personalized care management system that also uses wireless sensors to monitor vital sign collection and issue patient reminders. It can connect to specific models of wired and wireless medical devices, including blood pressure monitors, glucose meters, pulse oximeters, and weight scales.

Health Reader is a handheld device that reads standard text aloud for people who have trouble reading.

In a joint statement, the companies anticipate closing the joint venture, which is subject to regulatory approval, by the end of the year.

"We must rethink models of care that go beyond hospital and clinic visits, to home- and community-based care models that allow for prevention, early detection, behavior change, and social support," says Paul Otellini, president and chief executive officer (CEO) of Intel.

"Controlling health care costs while bringing quality care to an increasingly aging population is one of the largest global challenges we face today," according to Jeff Immelt, GE chairman of the board and CEO.

—Lisa Gelhaus

## The QIS Expert

# How will MDS 3.0 affect QIS?



Kramer

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**Q.** How will MDS 3.0 affect the QIS?

**A.** The implementation of MDS 3.0 on Oct. 1 will not impact the performance of the QIS. State agencies that have rolled out QIS completely and those that are in the process of implementing QIS will continue with QIS surveys using the current surveyor software through October. Toward the end of October, state agencies will prepare to implement a new, improved, and more robust version of the QIS software.

On Nov. 1, 2010, agencies will begin conducting QIS surveys using the new software with some changes related to MDS 3.0 and some updates to the QIS survey process. There are some aspects of the QIS treatment of MDS data that will remain the same going forward, and some that will change temporarily.

The new QIS software will still generate random resident census samples and admission samples for the QIS process based on MDS data. Surveyors will continue to require from the nursing facility an alphabetical resident census list of all residents who are in the facility, including those who may be in the hospital or out on a home visit.

As in the current QIS, surveyors will reconcile the software-generated

random sample of residents with the alphabetical resident census and new admission list to finalize their samples for survey.

What will change temporarily is that the QIS software will not calculate or utilize the 44 Quality of Care and Life Indicators (QCLI) that are derived from MDS data. However, almost every Care Area has QCLIs mapped to it that originate from one or more of the onsite assessments that are conducted in Stage 1.

For example, the Pressure Ulcer Care Area currently has seven QCLIs

**‘The new QIS software will still generate random samples.’**

that are calculated from Staff Interviews, Census Sample Record Reviews, Admission Sample Record Reviews, and MDS. Only two of these are calculated

from the MDS items, so the remaining five pressure ulcer QCLIs will be utilized during QIS surveys.

The calculation and use of QCLIs that are based solely on MDS will be on hold until sufficient numbers of MDS 3.0 assessments have been submitted by nursing homes. Thus, although MDS QCLIs will temporarily not be used to determine triggered Care Areas for a Stage 2 in-depth investigation, these care areas will be included in QIS because of the QCLIs from other sources. It is anticipated that some of the MDS QCLIs that can be calculated from MDS 3.0 data will be used beginning in early 2011.

Nursing facilities should continue their efforts to prepare for the QIS process and conduct continuous quality improvement using the QIS Stage 1 interviews, record reviews, and observations during the transition.