
Quality-of-Life Assessment Tools

Council of Nephrology Social Workers

Conditions for Coverage (CfCs): Subpart C Patient Care/Patient Plan of Care 494.90(a)(6)

Psychosocial status. The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.

Supplementary Information: Section II/Summary of the Proposed Provisions and Response to Comments on the February 4, 2005, Proposed Rule

Response: In response to the large number of comments, and in light of current academic research supporting social service interventions to improve patient care, we are adding a social services component, called “psychosocial status” to the plan of care requirements at 494.90(a)(6). We are requiring that a standardized tool, chosen by the social worker, be used to monitor patient status, and that counseling be provided and referrals be made as appropriate. The standardized tool should be a professionally accepted, valid, reliable tool, such as the SF-36, and should relate to the patient’s functional health and well-being. The tool must be used as a monitoring aid that assists in determining the patient’s psychosocial status. The SF-36 model uses metrics that measure physical health as related to functional level and presence of pain, and mental health as related to social functioning, emotional and mental health. Reliability and validity studies have been performed for this instrument. More information about SF-36 may be found in numerous articles or on the Web at www.sf-36.org/tools/sf36.shtml. The SF-12 survey form was derived from the SF-36 form and scales the 36-question survey down to a 1-page, 2-minute version. However, we are not specifying which tool must be used in order to allow flexibility and to limit the amount of burden. The choice of which standardized tool to use is best left to the facility social worker.

Phase III ESRD Clinical Performance Measures (CPMs) in Effect April 1, 2008

Assessment of Health-related Quality of Life (Physical & Mental Functioning)—Facility Level: Percentage of dialysis patients who receive a quality-of-life assessment using the Kidney Disease Quality-of-Life (KDQOL)-36 (a 36-question survey that assesses patients’ functioning and well-being) at least once per year. You can read about CPMs and download the latest table of them at www.cms.hhs.gov/CPMProject.

DISCUSSION

Based on the above requirements in the CfCs and CPMs, a facility that uses another survey to measure physical and mental functioning will *still* need to administer the KDQOL-36 at least once per year. The KDQOL-36 includes physical and mental functioning *and* kidney-specific information, which may make it more acceptable to your patients than the generic SF-36. Don’t panic! The Medical Education Institute, Inc./Life Options (www.lifeoptions.org) is designing an online version of the KDQOL-36 for social workers to gain practice with the tool; see the questions, subscales and norms; and get tips for how to improve low scores. A subsequent project planned for late winter will let facilities score patient *and* facility data and track it on your center’s computer. Both tools will be offered for free at www.lifeoptions.org.

The CMS clinical performance measures state that the KDQOL-36 must be administered annually with some limited situations where it is not required, such as for those patients at the facility less than 90 days, those under 18 years old, those with cognitive impairments, those who speak languages for which there is no translation and those who refuse. See www.qualityforum.org/projects/ongoing/esrd/index.asp (from the menu on the left side of the page, choose “Specifications for Endorsed Measures”) to download the document to your computer. 