

Understanding Measures, Star Ratings, and Quality Outcomes

March 24, 2022
1:00 ET



Agenda

Topic	Speaker
Background on recent data releases	Golden Horton, MS Technical Lead, Dialysis Facility Data on Medicare.gov, Division of Quality Measurement, Centers for Medicare & Medicaid Services
April 2022 Refresh of Dialysis Facility Data on Medicare.gov	Amy Couzens ICH CAHPS Survey Sampling Task Leader, RTI International
Summer 2022 Dialysis Facility Data Release on Medicare.gov (CY2020 Data)	Golden Horton, MS
Autumn 2022 Dialysis Facility Data Release on Medicare.gov (CY2021 Data)	Golden Horton, MS
Questions	

Background

- » Typically, dialysis facility data is updated quarterly on Medicare.gov, with refreshes in January, April, July, and October.
- » Public dialysis facility data has not been updated since October 2020, initially due to the COVID-19 pandemic and subsequently due to the EQRS users data reporting suspension, outlined in the January 29, 2021 EQRS Announcement*
- » CMS will continue to monitor and evaluate the impact of the EQRS data availability issues for the measures and will provide additional guidance on the specific timing of future releases of Dialysis Facility data on Medicare.gov at a later date.

Delay of October 2021 Data Release

- » The April 2022 release will only include updated ICH CAHPS data
 - The preview period for this release was held February 1 – 15, 2022
- » CY 2019 data, released in the October 2020 annual update, will remain on Medicare.gov until the next annual update
- » CY 2020 results reporting will be delayed until autumn 2022
 - Each of the measures will be calculated using CY 2020 data, excluding the Extraordinary Circumstance Exception (ECE) period
 - Updated versions of Standardized Transfusion Ratio (STrR), Standardized Mortality Ratio (SMR), Standardized Hospitalization Ratio (SHR), and Standardized Readmission Ratio (SRR), previewed by facilities last summer, will be used for the calculations
 - The preview period for this release will be in summer 2022
- » Data from CY 2021 will be released in early 2023
 - The Preview Period for this release will be held in autumn 2022
- » Public update of Star Ratings will not occur with any of these releases

*<https://mycrownweb.org/2021/01/eqrs-system-announcement-jan-2021/>

Delay of October 2021 Data Release

- » CMS will continue to monitor and evaluate the impact of the EQRS data availability issues for the measures and will provide additional guidance on the specific timing of future releases of Dialysis Facility data on Medicare.gov at a later date.
- » Later in this presentation, we will review the measures that will be updated in the Autumn 2022 release

April 2022 Refresh of Dialysis Facility Data on Medicare.gov

Amy Couzens, ICH CAHPS Survey Sampling Task Leader, RTI International

Updated Scores and Star Ratings from the ICH CAHPS Survey

- » While data for many clinical measures are not yet available, the scores and star ratings from the ICH CAHPS Survey will be refreshed on Medicare.gov in April 2022.
- » Includes data combined from the 2020 Fall and 2021 Spring ICH CAHPS Surveys.
- » This information was previewed to facilities from February 1 – February 15, 2022.

The In-Center Hemodialysis CAHPS Survey

- » The ICH CAHPS Survey is conducted semiannually each Spring and Fall with samples of in-center hemodialysis patients
- » Survey contains 62 questions, with 43 considered “core CAHPS” survey items
- » Publicly reported on Care Compare on Medicare.gov:
 - Publicly reported since October 2016
 - Results are typically updated twice each year (April and October)
 - Results based on data from two most recent survey periods
 - For survey results to be publicly reported, each in-center hemodialysis facility must have 30 or more completed surveys across two survey periods

Publicly Reported ICH CAHPS Survey Measures (Patient Survey Rating)

» The percentage of patients who provided the most favorable ratings of patient's experiences related to the following three composite measures:

1. "Communication: Patients who reported that kidney doctors "always" communicated well and cared for them as a person." Six questions that comprise the *Kidney Doctors' (Nephrologists') communication and caring* composite (Questions 3, 4, 5, 6, 7, and 9).
2. "Doctors & Staff: Patients who reported that dialysis center staff "always" communicated well, kept patients as comfortable and pain-free as possible, behaved in a professional manner, and kept the center clean." Seventeen questions that comprise the *Quality of dialysis center care and operations* composite (Questions 10, 11, 12, 13, 14, 15, 16, 17, 21*, 22, 24, 25, 26, 27, 33, 34, and 43).
3. "Communication: Patients who reported that YES their kidney doctors and dialysis center staff gave them the information they needed to take care of their health." Nine questions that comprise the *Providing information to patients* composite (Questions 19, 28, 29, 30, 31, 36, 38, 39, and 40).

Publicly Reported ICH CAHPS Survey Measures (Patient Survey Rating)

» The percentage of patients who gave a score of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible) for the following three global ratings:

1. Global rating of kidney doctors (Q8). This appears on the compare tool on Medicare.gov as: "Doctors & Staff: Patients who gave their kidney doctors a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)."
2. Global rating of dialysis center staff (Q32). This appears on the compare tool on Medicare.gov as: "Doctors & Staff: Patients who gave the dialysis center staff a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)."
3. Global rating of dialysis center (Q35). This appears on the compare tool on Medicare.gov as: "Overall experience: Patients who gave the dialysis center a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)."

Publicly Reported ICH CAHPS Survey Measures (Patient Survey Rating)

» A star rating, which provides an easy visual to help patients make an informed decision when choosing where to receive their in-center hemodialysis care. The star rating is generated from a simple average of six individual star ratings (*please note that the individual star ratings are not provided on the compare tool*):

1. Each of the three composite measures and
2. Each of the three global ratings.

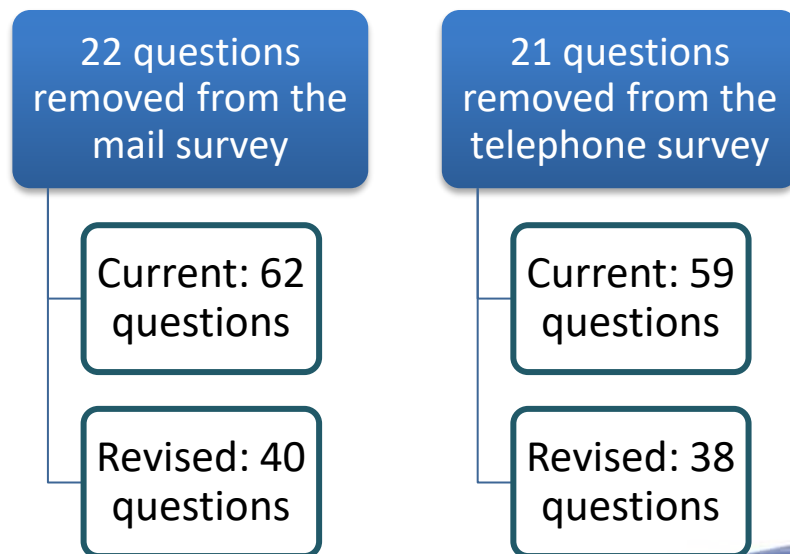
» The survey response rate and the number of completed surveys are also included as part of the patient survey ratings.

Reducing ICH CAHPS Survey Burden on ICH Patients

» Will conduct ICH CAHPS Survey mode experiment in fall of 2022 with approximately 25,000 ICH patients. This will:

- test web mode for the ICH CAHPS Survey, and
- test a revised survey instrument:

»



Autumn 2022 Dialysis Facility Data Release on Medicare.gov

Golden Horton, MS

Division of Quality Measurement, CMS

Autumn 2022 Data Release

- » As we mentioned earlier, the October 2021 Release of Dialysis Facility data was delayed until Autumn 2022, and data from the October 2020 Release will remain on Medicare.gov until the next release
- » Each of the measures will be calculated using most of CY 2020 data, excluding the Extraordinary Circumstance Exception (ECE) period
- » The updated versions of STrR, SMR, SHR, and SRR, previewed to facilities in a dry run in Summer 2021 will be included
- » Star Ratings will not be updated with this release
- » The Preview Period will be held prior to the public release of the measures, tentatively scheduled for July 15 – August 15, 2022

Background

- » From 2018 – 2020, measures reported on Medicare.gov that are NQF endorsed underwent comprehensive review. Measure specifications were reviewed, tested and updated based on new information since the last review cycle.
- » As a result of this review, several measures were improved, with the following measures receiving significant updates:
 - [Standardized Hospitalization Ratio for Dialysis Facilities \(SHR, NQF #1463\)](#)
 - Standardized Readmission Ratio for Dialysis Facilities (SRR)
 - Standardized Mortality Ratio for Dialysis Facilities (SMR, [NQF #0369](#))
 - [Standardized Transfusion Ratio for Dialysis Facilities \(STrR, NQF #2979\)](#)

Summary of changes – Medicare Advantage

- » Prior measure inclusion criteria based on “active Medicare coverage” identified through presence of Medicare inpatient and outpatient claims did not account completely for Medicare Advantage (MA) patients
 - Dialysis and outpatient claims not available for MA patients resulting in unobserved events and comorbidities for these patients
- » Summary of changes to mitigate bias:
 - Added a variable for MA status (SHR, SRR and SMR)
 - Identified and added MA time at risk for risk adjustment (SHR and SMR)
 - MA patients are now excluded from STrR

Medicare Advantage Changes: SHR

- » The SHR was revised in the following ways to mitigate bias:
 - All time at risk for MA patients is included in the measure to mitigate bias related to definition of “active Medicare coverage” based on inpatient and outpatient claims
 - Since MA coverage was associated with substantially lower hospitalization risk we include an indicator in the model for the proportion of patient months with MA coverage.
 - Limit ascertainment of claims-based prevalent comorbidities for risk adjustment to inpatient claims, using all available inpatient claims in the prior 365 days for both Medicare Primary (FFS) and MA patients

Medicare Advantage Changes: SRR

- » The SRR was revised in the following ways to mitigate bias:
 - Limiting the identification of claims-based comorbidity adjusters to inpatient claims sources for both FFS and MA patients. We use all available inpatient claims from the index discharge AND from other inpatient claims in the 12 months prior to the index discharge for both FFS and MA patients.
 - Added a model covariate that indicates whether or not the patient was Medicare Advantage at the time of index discharge

Medicare Advantage Changes: SMR

- » The SMR was revised in the following ways to mitigate bias:
 - Since MA status was associated with mortality, we have added a covariate in the risk-adjustment model to flag time at risk with MA status
 - All time at risk for MA patients, with or without inpatient claims, is counted to mitigate bias related to definition of “active Medicare coverage” based on inpatient and outpatient claims
 - Limit ascertainment of claims-based prevalent comorbidities for risk adjustment to inpatient claims, using all available inpatient claims in the prior 365 days for both Medicare Primary (FFS) and MA patients

Medicare Advantage Changes: STrR

- » The revised STrR excludes Medicare Advantage patients for three reasons:
 - Marked regional geographic variation in Medicare Advantage dialysis patients were identified.
 - Unable to identify outpatient transfusion events for these patients. Outpatient transfusions account for ~15% of all transfusions in the chronic dialysis population.
 - The source for most claims-based diagnoses used for exclusion of patients from the STrR are derived from outpatient claims.

Other changes

- » In addition to the revisions to account for MA patients, several other revisions were made, including:
 - Changes to the adjustment for nursing home status
 - Changes to the adjustment for BMI
 - Requiring \$1200 of paid Medicare claims for each patient month (up from \$900) to define Medicare Fee for Service “active Medicare” inclusion

Early 2023 Dialysis Facility Data Release on Medicare.gov

Golden Horton, MS

Division of Quality Measurement, CMS

Early 2023 Data Release

- » We anticipate that the Dialysis Facility Data for CY 2021 will be released in the early 2023.
- » The measures reported will be the same as what will be released in Autumn 2022, but with a new year of data.
- » For measures that are calculated with multiple years of data, they will continue to exclude the Extraordinary Circumstance Exception (ECE) period
- » Star Ratings will not be updated with this release
- » The Preview Period will be held prior to the public release of the measures

Early 2023 Data Release

- » During the preview period for this release, we will dry run two new measures
 - Standardized Emergency Department Ratio (SEDR)
 - Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities
- » Calculation of Clinical Quality of Care Star Ratings utilizing updated methodology will also be part of this Dry Run
 - A Technical Expert Panel was recently held to discuss changes to the Star Rating Methodology.
 - Methodology will be publicly released prior to the dry run.

Brief Description of SEDR:

- » The Standardized Emergency Department Encounter Ratio (SEDR) is defined to be the ratio of the observed number of emergency department encounters that occur for adult Medicare ESRD dialysis patients treated at a particular facility to the number of encounters that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities.
- » **Numerator:** The observed number of outpatient Emergency Department encounters during the reporting period among eligible adult Medicare patients at a facility.
- » **Denominator:** The expected number of Emergency Department encounters among eligible Medicare patients at the facility during the reporting period adjusted for the characteristics of the patients at the facility.

Brief Description of ED30

- » The Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge for Dialysis Facilities (ED30) is defined to be the ratio of observed over expected events.
- » **Numerator:** The observed number of index discharges from acute care hospitals that are followed by an outpatient emergency department encounter within 4-30 days after discharge for eligible adult Medicare dialysis patients treated at a particular dialysis facility.
- » **Denominator:** The expected number of index discharges followed by an ED encounter within 4-30 days given the discharging hospital's characteristics, characteristics of the dialysis facility's patients, and the national norm for dialysis facilities.

Star Rating Methodology Updates

The Star Rating TEP will review and provide input on options and considerations for updating and public reporting of the Star Ratings.

These considerations include :

1. Proposal to add two transplant waitlist quality measures currently reported on the Medicare.gov site to Star Rating (PPPW and SWR)
2. Because of COVID-19, determining a new baseline year for resetting the Star Rating and scoring facility performance

Questions?

- » For questions, please email the UM-KECC helpdesk at dialysisdata@umich.edu
- » For questions about CROWNWeb data submission, contact the QualityNet helpdesk at (866) 288-8912 or <http://help.mycrownweb.org/>
- » For questions about the ICH CAHPS® Survey, contact the project team at <https://ichcahps.org>
- » The slides, questions and answers, and a transcript of the webinar recording will be available in the coming weeks on the CMS.gov ESRD General Information Page: <https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation>

Thank you!