

# Understanding Measures, Star Ratings, and Quality Outcomes

January 23, 2020  
12:00pm ET



## Agenda

Topic	Speaker
<b>Dialysis Facility Compare: Review and Background</b>	<b>Golden Horton, MS</b> Technical Lead, Dialysis Facility Compare, Division of Quality Measurement, Centers for Medicare & Medicaid Services
<b>DFC October 2019 Release Measures</b>	<b>Jesse Roach, MD</b> End-Stage Renal Disease Measure Lead, Division of Quality Measurement, Centers for Medicare & Medicaid Services
<b>ICH CAHPS Survey</b>	<b>Scott Scheffler, MS</b> ICH CAHPS Survey Sampling Task Leader, Division for Statistical and Data Sciences, RTI International
<b>Including the Patient Voice</b>	<b>Golden Horton, MS</b>
<b>Questions</b>	

# **Dialysis Facility Compare: Review and Background**

Golden Horton, MS

*Division of Quality Measurement, CMS*

## Background

- » The Centers for Medicare & Medicaid Services (CMS) developed the Dialysis Facility Compare (DFC) Star Ratings in response to a national call for greater transparency in how the agency measures the quality of kidney care and health care consumers' desire to use health care quality data to make informed decisions

## What Are Star Ratings?

- » Star Ratings summarize performance on a 1 to 5 scale using stars to help consumers quickly and easily understand quality of care information
- » Star Ratings spotlight differences in health care quality and identify areas for improvement
- » Star Ratings are useful to consumers, consumer advocates, health care providers, and other stakeholders

# DFC October 2019 Release Measures

Jesse Roach, MD  
*ESRD Measure Lead,  
Division of Quality Measurement, CMS*

# Quality Measures Updated for October 2019 Release

- » Standardized Mortality Ratio for Dialysis Facilities (SMR, [NQF #0369](#))
- » Standardized Hospitalization Ratio for Dialysis Facilities (SHR, [NQF #1463](#))
- » Standardized Readmission Ratio for Dialysis Facilities (SRR, [NQF# 2496](#))
- » Standardized Transfusion Ratio for Dialysis Facilities (STrR, [NQF #2979](#))
- » Hemodialysis Vascular Access: Standardized Fistula Rate (SFR, [NQF #2977](#))
- » Hemodialysis Vascular Access: Long-Term Catheter Rate (Catheter, [NQF #2978](#))
- » Delivered Dose of Hemodialysis Above Minimum (Adult HD Kt/V, [NQF #0249](#))
- » Minimum spKt/V for Pediatric Hemodialysis Patients (Pediatric HD Kt/V, [NQF #1423](#))
- » Delivered Dose of Peritoneal Dialysis Above Minimum (Adult PD Kt/V, [NQF #0318](#))
- » Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V (Pediatric PD Kt/V, [NQF# 2706](#))
- » Proportion of Patients with Hypercalcemia (Hypercalcemia, [NQF #1454](#))
- » NHSN Bloodstream Infection – Standardized Infection Ratio (SIR, [NQF #0258](#))
- » ICH-CAHPS Patient Experience with Care ([NQF #1460](#))
- » Percentage of Prevalent Patients Waitlisted ([PPPW](#))
- » Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients ([SWR](#))

## DFC October 2019 Release: New Measures\*

- » Percentage of Prevalent Patients Waitlisted (PPPW)
- » Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

\* Both the PPPW and SWR measures were available for dialysis facility preview beginning with the October 2018 release of DFC. During this time, neither measure was available for public review.



## Percentage of Prevalent Patients Waitlisted

- » Numerator: Number of patient months in which the patient at the dialysis facility is on the kidney or kidney-pancreas transplant waitlist as of the last day of each month during the reporting year.
- » Denominator: All patient-months for patients who are under the age of 75 in the reporting month and who are assigned to the dialysis facility according to each patient's treatment history as of the last day of each month during the reporting year.

# Percentage of Prevalent Patients Waitlisted

## » Exclusions:

- Patients who are age 75 or older in the reporting month.
- Patient who are admitted to a skilled nursing facility (SNF) or hospice during the month of evaluation are excluded from that month; patients who are admitted to a skilled nursing facility (SNF) at incidence or previously according to Form CMS-2728 are also excluded.

Full documentation can be found at

[https://dialysisdata.org/sites/default/files/content/ESRD\\_Measures/PPPW\\_MIF\\_MJF.pdf](https://dialysisdata.org/sites/default/files/content/ESRD_Measures/PPPW_MIF_MJF.pdf).

# Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

- » Numerator: Number of patients at the dialysis facility listed on the kidney or kidney-pancreas transplant waitlist or who received living donor transplants within the first year following initiation of dialysis.
- » Denominator: The denominator for the SWR is the expected number of waitlist or living donor transplant events at the facility according to each patient's treatment history for patients within the first year following initiation of dialysis, adjusted for age incident comorbidities, among patients under 75 years of age who were not already waitlisted and did not have first transplantation prior to the initiation of ESRD dialysis.

# Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

## » Exclusions:

- Patients who are 75 years of age or older at the initiation of dialysis;
- Preemptive patients: patients at the facility who have had their first transplantation prior to the start of ESRD treatment; or are listed on the kidney or kidney-pancreas transplant waitlist prior to the start of dialysis;
- Patients who are admitted to hospice at the time of initiation of dialysis;
- Patients who are admitted to a skilled nursing facility (SNF) at incidence or previously according to Form CMS-2728.

Full documentation can be found at

[https://dialysisdata.org/sites/default/files/content/ESRD\\_Measures/SWR\\_MIF\\_MJF.pdf](https://dialysisdata.org/sites/default/files/content/ESRD_Measures/SWR_MIF_MJF.pdf).

## DFC October 2019 Release Star Ratings

- » No updates to measures or methodology were implemented in the DFC October 2019 Star Ratings Release
- » Details about the current DFC Quality of Patient Care Star Ratings methodology for the October 2019 release can be found at:  
[https://dialysisdata.org/sites/default/files/content/Methodology/Updated\\_DFC\\_Star\\_Rating\\_Methodology\\_for\\_October\\_2018\\_Release.pdf](https://dialysisdata.org/sites/default/files/content/Methodology/Updated_DFC_Star_Rating_Methodology_for_October_2018_Release.pdf)

# Quality Measures Used in the DFC Quality of Patient Care Star Rating Calculation for October 2019 Release\*\*

- » Standardized Mortality Ratio for Dialysis Facilities (SMR, [NQF #0369](#))
- » Standardized Hospitalization Ratio for Dialysis Facilities (SHR, [NQF #1463](#))
- » Standardized Readmission Ratio for Dialysis Facilities (SRR, [NQF# 2496](#))
- » Standardized Transfusion Ratio for Dialysis Facilities (STrR, [NQF #2979](#))
- » Hemodialysis Vascular Access: Standardized Fistula Rate (SFR, [NQF #2977](#))
- » Hemodialysis Vascular Access: Long-Term Catheter Rate (Catheter, [NQF #2978](#))
- » Total Kt/V Measure
  - Delivered Dose of Hemodialysis Above Minimum (Adult HD Kt/V, [NQF #0249](#))\*
  - Minimum spKt/V for Pediatric Hemodialysis Patients (Pediatric HD Kt/V, [NQF #1423](#))\*
  - Delivered Dose of Peritoneal Dialysis Above Minimum (Adult PD Kt/V, [NQF #0318](#))\*
  - Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V (Pediatric PD Kt/V, [NQF# 2706](#))\*
- » Proportion of Patients with Hypercalcemia (Hypercalcemia, [NQF #1454](#))

\*Kt/V measurements are combined into a single Total Kt/V measure.

\*\*The Technical Notes for the October DFC 2019 Clinical Quality Star Rating methodology are available [here](#).

## When Will the DFC Quality Star Rating Distribution Be Reset?

- » The distribution will be evaluated once 3 years have passed since the last reset
- » After 3 years have passed, the distribution will be evaluated for a reset when 15% or less of facilities are receiving 1 or 2 stars
- » This aligns with the 2017 TEP recommendation for CMS to evaluate a potential re-setting at predictable time intervals
- » A re-setting of the star rating distribution will also include the establishment of a new baseline year



# 2019 DFC Star Rating Technical Expert Panel (TEP)

- » CMS developed the DFC Star Rating to help patients, caregivers, and other healthcare consumers understand CMS quality measures and more easily identify differences in overall quality when selecting dialysis facilities.
- » The 2019 DFC Star Rating TEP was convened in spring 2019. TEP activities included teleconferences and an in-person meeting on June 6, 2019. The TEP included participants with experience as dialysis patients, providers, and methodological experts.
- » The primary TEP charge was to provide recommendations on when and how to **reset** the DFC Star Rating.



# 2019 DFC Star Rating TEP Recommendations

- » A supermajority of TEP members (84%) agreed that the DFC Star Rating should be reset because the current DFC Star Rating distribution does not capture the full range of facility performance, reducing the effectiveness of the program
- » A supermajority of TEP members (63%) supported resetting to a fixed, pre-specified distribution of 10% 1-Star, 20% 2-Star, 40% 3-Star, 20% 4-Star, 10% 5-Star.
- » A minority (21%) recommended resetting to a distribution with smaller percentages in the higher and lower star categories (e.g. 5% 1-Star, 15% 2-Star, 60% 3-Star, 15% 4-Star, 5% 5-Star).
  - During the pre-vote discussion, at least one TEP member stated a concern about the 10-20-40-20-10 distribution, in that having 30% of facilities rated 1- or 2-star after a reset would not reflect the overall quality in some of those facilities.

## Additional TEP Recommendations

- » To minimize confusion during DFC Star Rating resets, TEP members emphasized the need for CMS to provide clear educational aids and supplemental information in plain language, including explicit statements emphasizing (a) it is a reset year, (b) why a change to the DFC Star Ratings was necessary, and (c) how to interpret any changes.
- » Many TEP members agreed that DFC Star Rating resets should be limited in frequency and use a standardized methodology.
- » During a subsequent TEP teleconference, a supermajority of TEP members (79%) voted to downweight Domain 3 (which contains the Kt/V and Hypercalcemia measures) to 50% of its current weight in the star rating calculation

# Next Steps for the Updated DFC Star Rating Methodology

- » CMS leadership approved the following DFC Star Rating methodology updates:
  - Reset the star rating distribution to a pre-specified distribution of 10% 1-Star, 20% 2-Star, 40% 3-Star, 20% 4-Star, 10% 5-Star for the reset year.
  - Downweight domain 3 (which contains the Kt/V and Hypercalcemia measures) to 50% of its current weight in the star rating calculation
- » The updated methodology will be previewed to facilities on a dry-run during the July 2020 DFC Preview Period
- » After the dry-run preview is completed, the updated methodology is scheduled to be implemented publically for the October 2021 DFC Release

## Resources

- » The 2019 DFC Star Rating TEP Summary Report is available at the following link:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TEP-Current-Panels.html>

# ICH CAHPS Survey

Scott Scheffler, MS

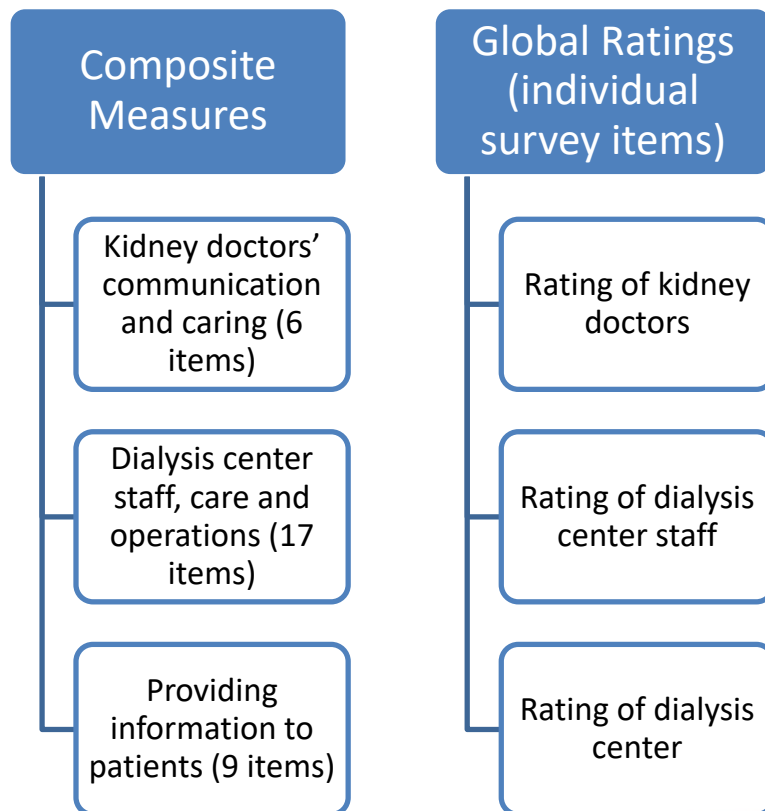
*ICH CAHPS Survey Sampling Task Leader,  
Division for Statistical and Data Sciences,  
RTI International*

# The In-Center Hemodialysis CAHPS Survey

- » The ICH CAHPS Survey is conducted on a semi-annual basis with samples of in-center hemodialysis patients
- » Survey questionnaire contains 62 items; with 43 considered to be “Core CAHPS” survey items
- » Publicly Reported ICH CAHPS Data on DFC:
  - CMS began reporting ICH CAHPS Survey results on Dialysis Facility Compare (DFC) on [www.medicare.gov](http://www.medicare.gov) in October 2016
  - Results are updated or “refreshed” twice each year
  - Results are based on data from the two most recent survey periods
  - For survey results to be publicly reported, each in-center hemodialysis (ICH) facility must have 30 or more completed surveys across two survey periods

# Publicly Reported ICH CAHPS Measures

- » Three composites and three individual measures are reported on Dialysis Facility Compare:



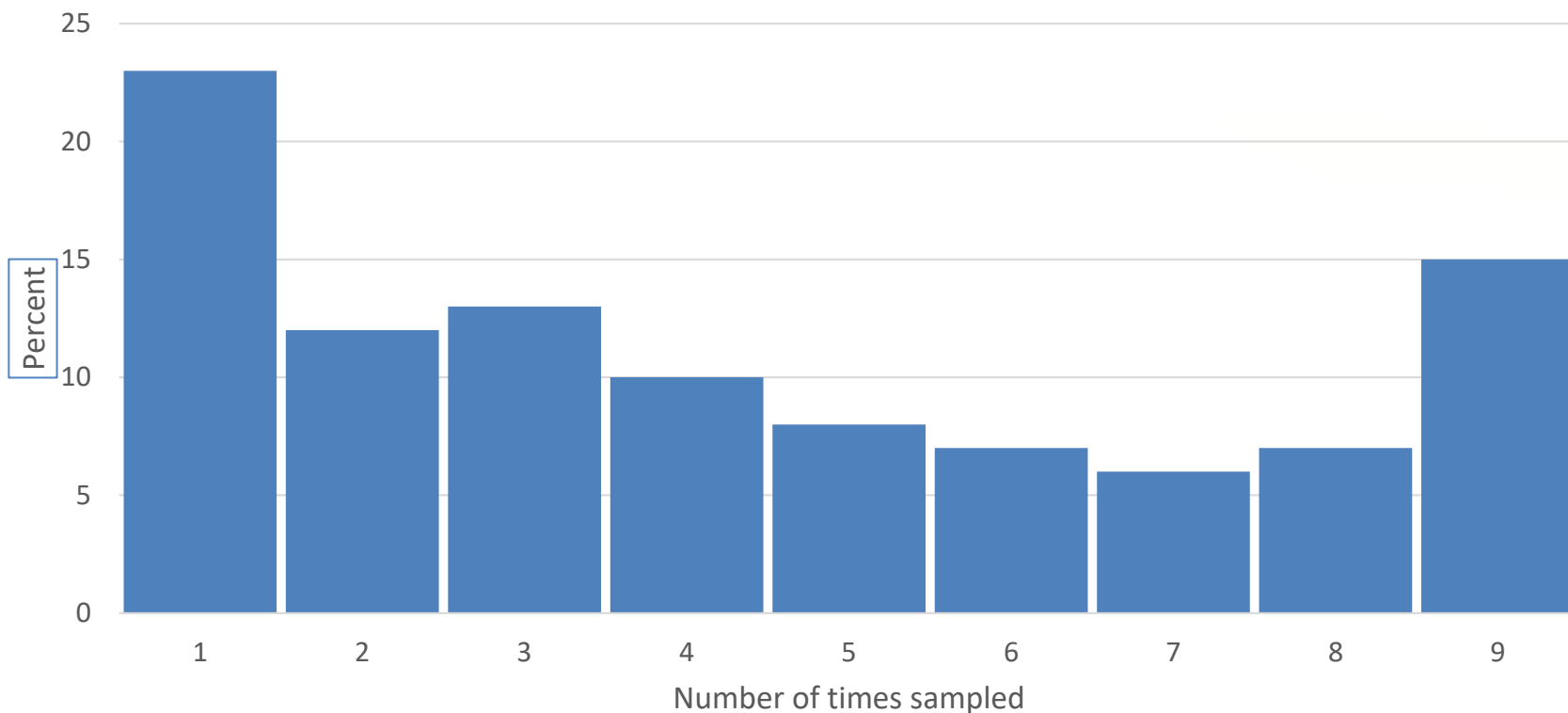
## ICH CAHPS Survey Star Ratings

- » Star Ratings summarize performance using symbols (stars) to help consumers quickly and easily understand quality of care information
- » Star Ratings spotlight differences in health care quality and identify areas for improvement
- » Star Ratings are useful to consumers, consumer advocates, health care providers, and other stakeholders
- » Star Ratings on the ICH CAHPS Survey are based on the same data as the ICH CAHPS measures publicly reported on Dialysis Facility Compare

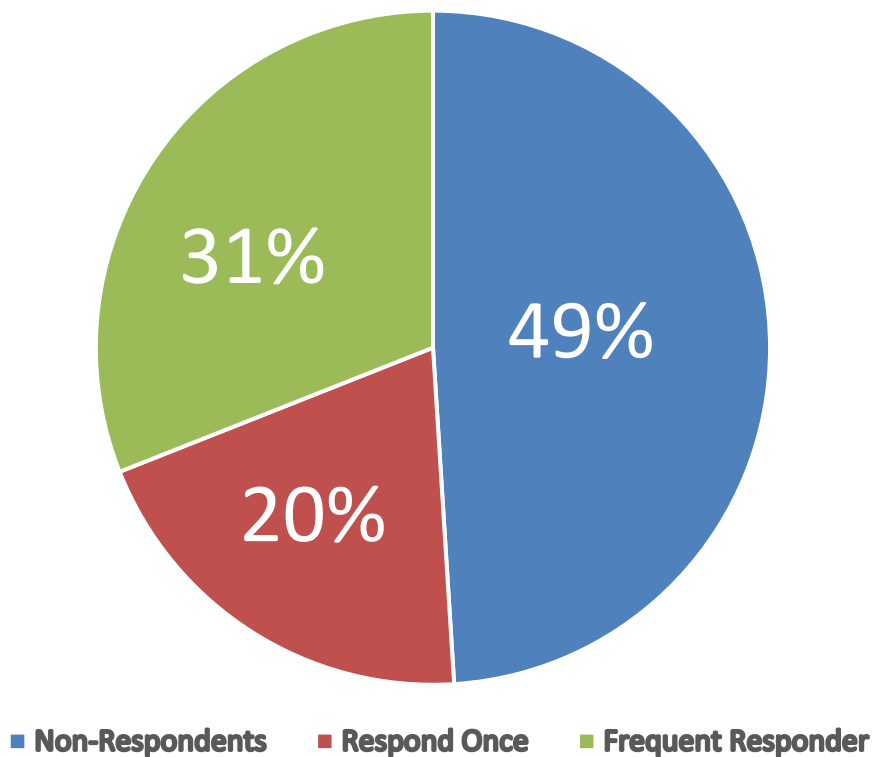


# ***ICH CAHPS SAMPLE AND RESPONDENT INFORMATION***

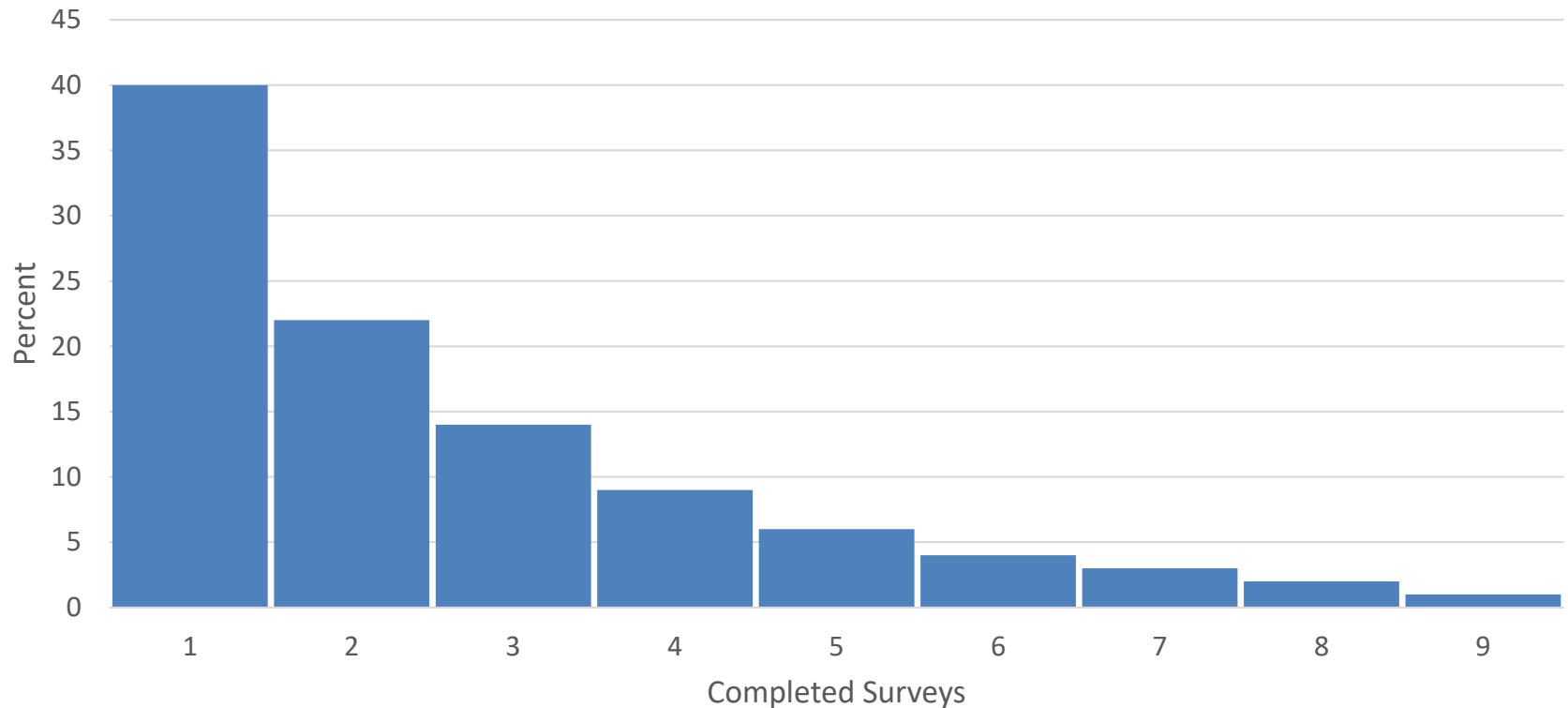
# How often individuals have been sampled, F14-F18 (n=732,568)



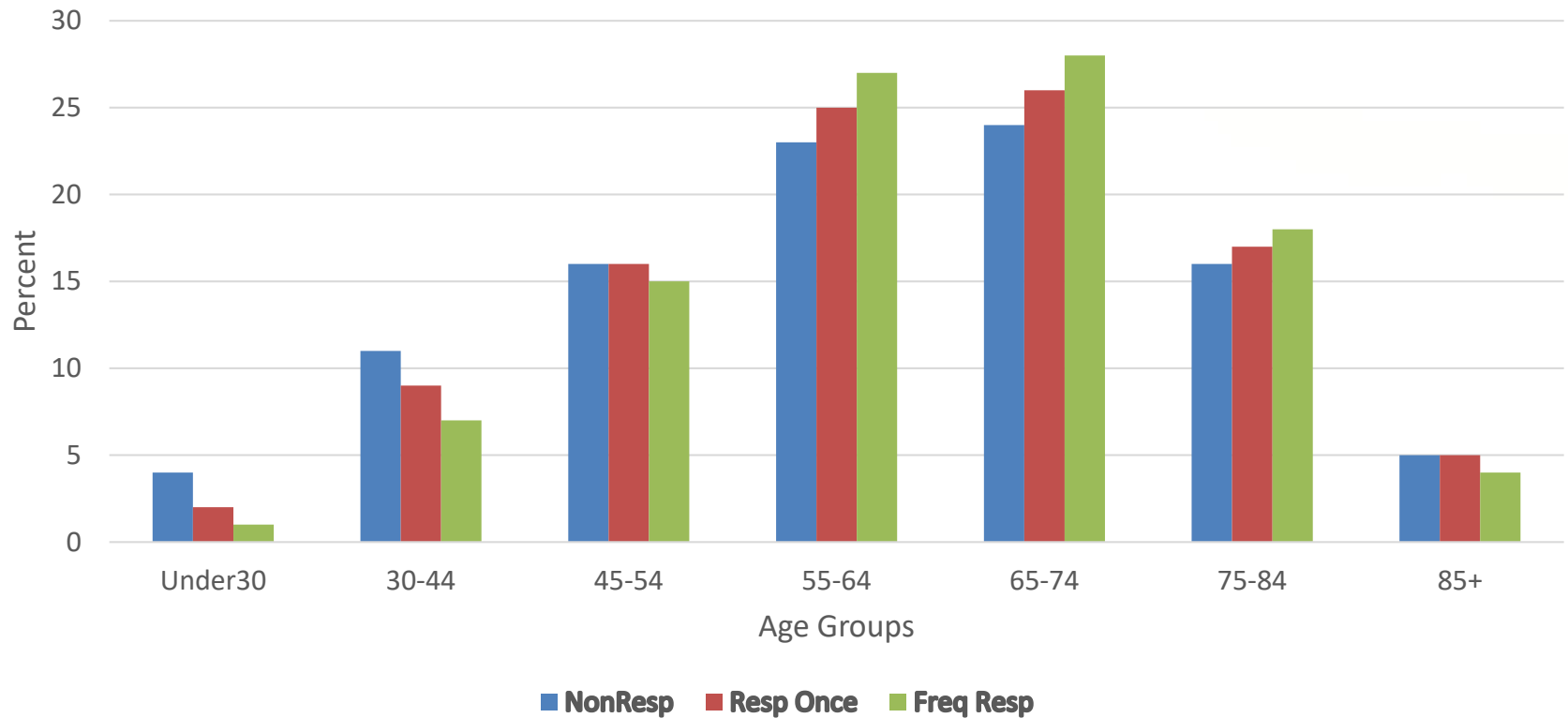
## Percentage of non-respondents and respondents, F14-F18 (n=732,568)



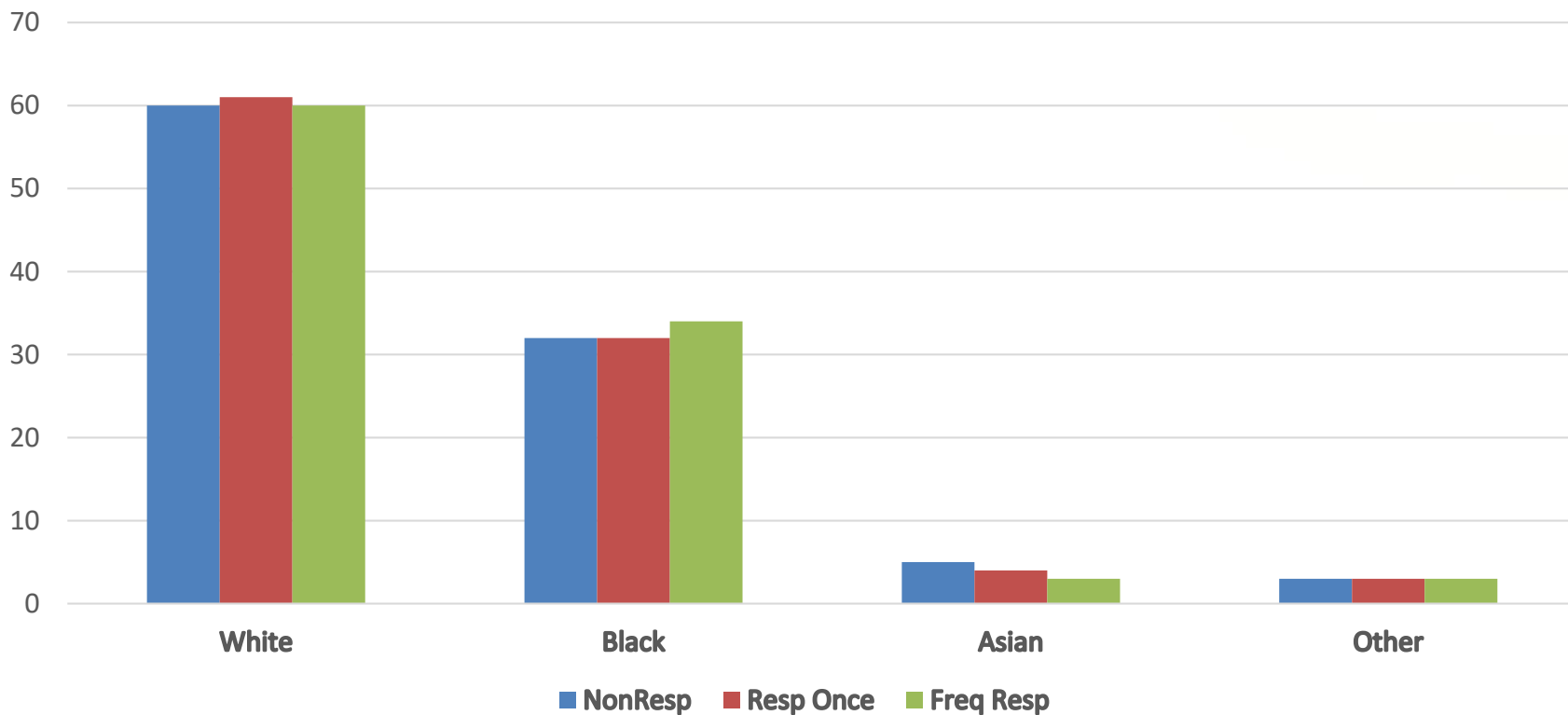
# Percent of patients by number of surveys that each individual completes, F14-F18 (n=372,708)



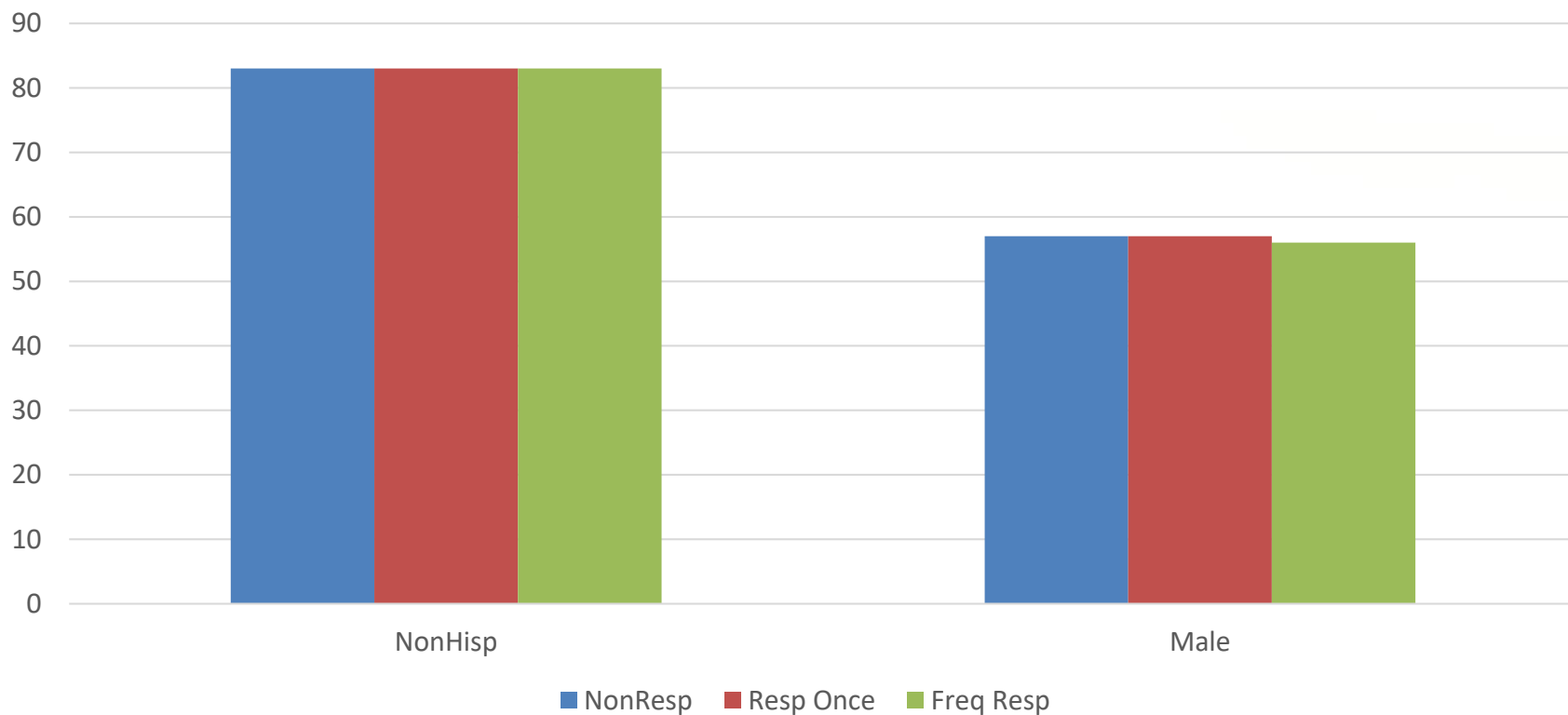
# Comparing age among non-respondents and respondents, F14-F18



# Comparing race among non-respondents and respondents, F14-F18

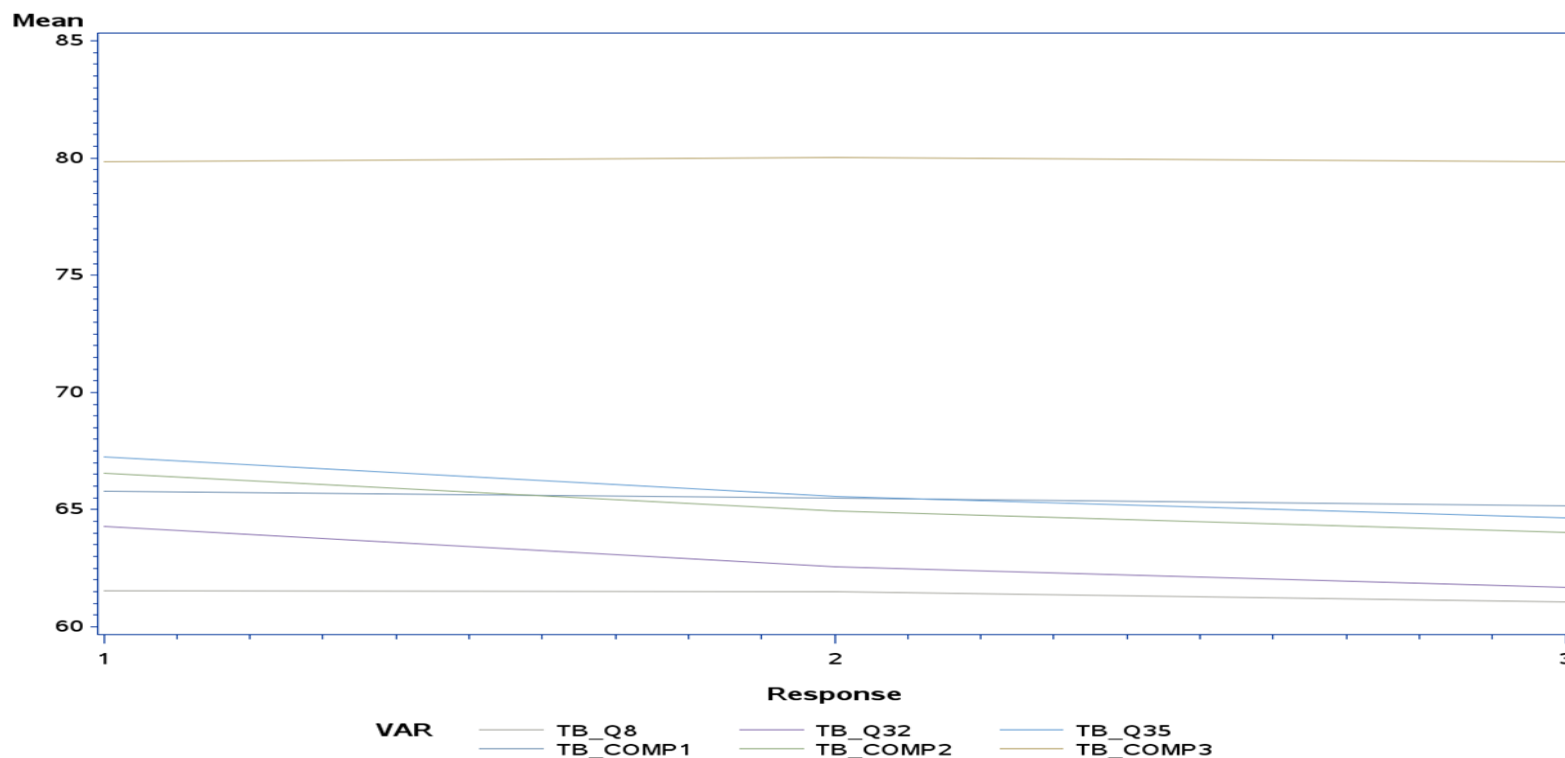


# Comparing ethnicity and gender among non-respondents and respondents, F14-F18



# Comparing average top box scores over time—individuals with 3 responses

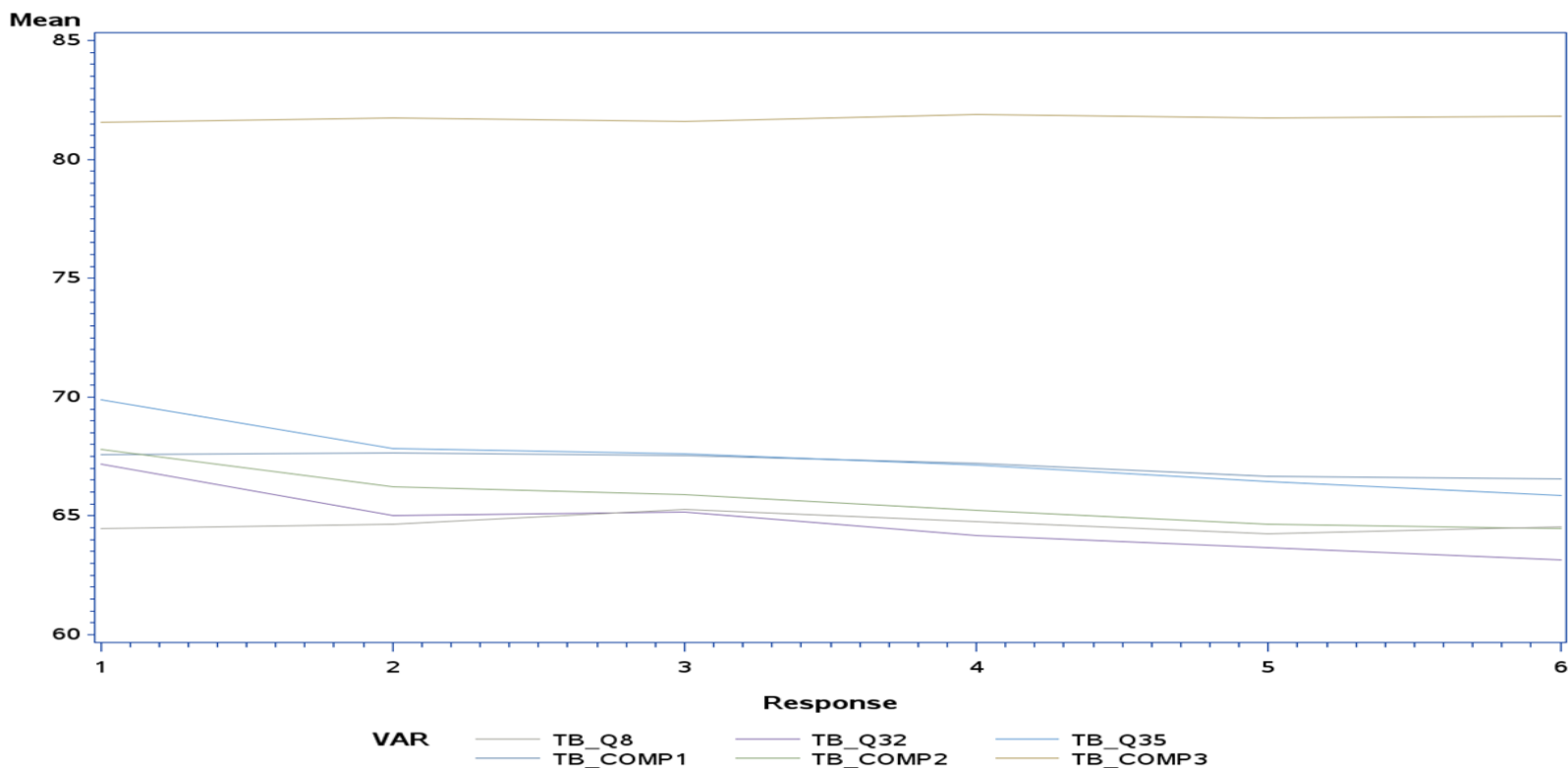
Average top box scores from individuals with 3 responses





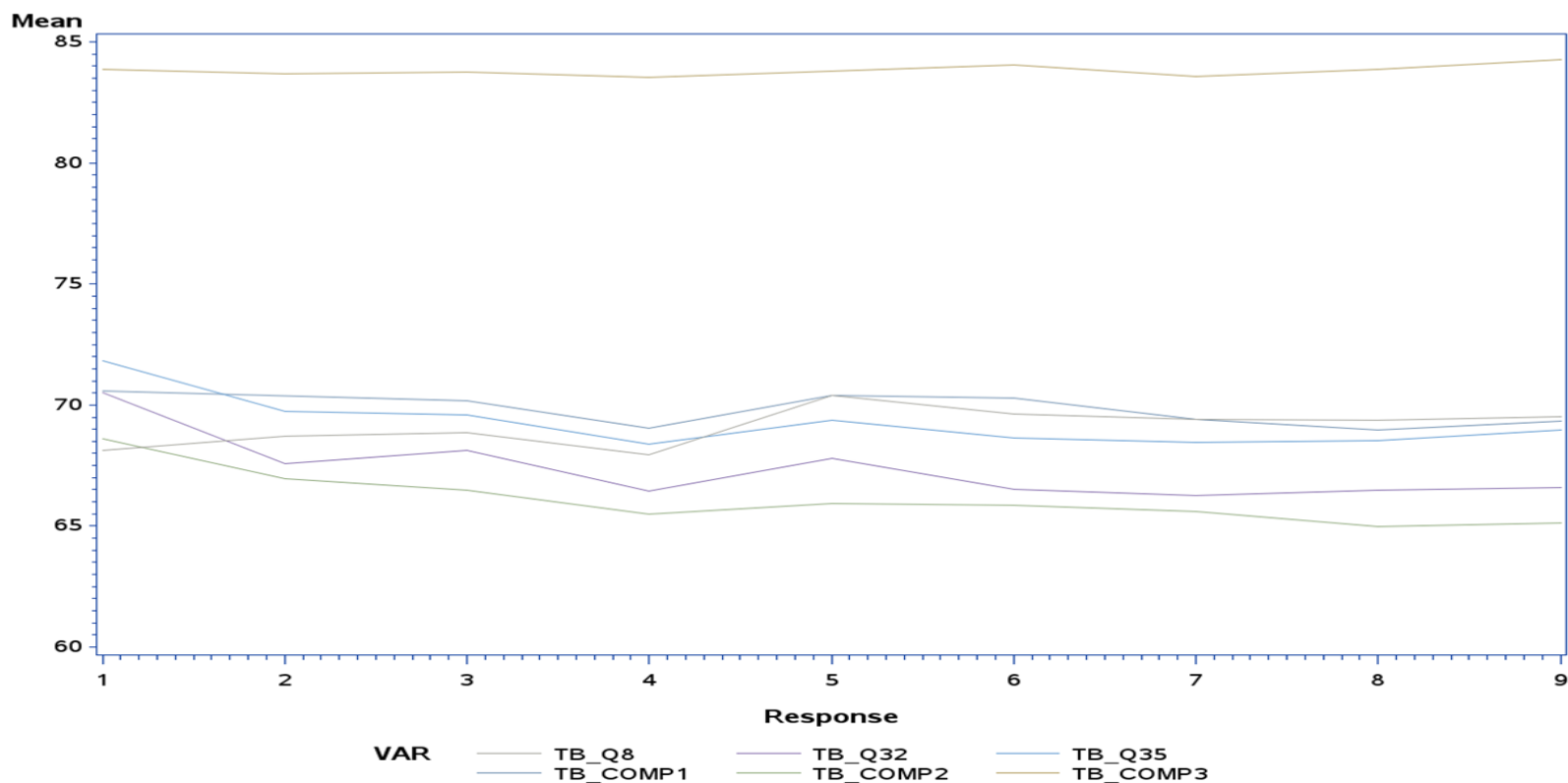
# Comparing average top box scores over time—individuals with 6 responses

Average top box scores from individuals with 6 responses



# Comparing average top box scores over time—individuals with 9 responses

Average top box scores from individuals with 9 responses



# ***ICH CAHPS SURVEY BURDEN***

## Examining Ways to Reduce Survey Burden on ICH patients

- » CMS and RTI International will hold a Technical Expert Panel (TEP) in early summer 2020.
- » The TEP will define the known survey burdens on ICH CAHPS patients and will explore ways to reduce this burden.
- » What will the TEP address?
  1. ICH CAHPS Survey questionnaire length
  2. Semiannual vs. annual survey administration
  3. Other methods to reduce possible survey burden
  4. Effects of implementing these types of changes on the ICH CAHPS Survey

# **Including the Patient Voice**

Golden Horton, MS

*Division of Quality Measurement, CMS*

# Listening to the Patient Voice: Patient Summit

- » In 2017, NORC at the University of Chicago, with support from the American Association of Kidney Patients, conducted a five-hour discussion with ESRD patients and one caregiver.
- » Patients were members of five national organizations representing the interests of ESRD patients.
- » This feedback session was the first time DFC leveraged relationships with patient advocacy organizations in the kidney community to dually:
  - Receive broad patient input on the website
  - Engage patients

## **Listening to the Patient Voice: DFC Focus Groups**

- » In 2018, CMS conducted 6 focus groups in 3 cities with patients of all ages to hear about their experiences with dialysis
- » Conversations focused on how patients find and use information about dialysis facilities and treatments
- » A summary of the focus groups is available on the CMS website:  
<https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation/Downloads/Dialysis-Facility-Compare-Focus-Groups-Article.pdf>

## **Listening to the Patient Voice: CMS Quality Conference**

- » The CMS DFC team regularly attends the annual CMS Quality Conference to hear from patients, providers, ESRD Networks, and the larger health care community about dialysis.
- » We will be attending the 2020 CMS Quality Conference in late February to continue our dialogue with the community about how to improve dialysis.



# Including the Patient Voice

- » What we hear:
  - Current depictions of ESRD and ESRD patients do not always represent the range of patient experiences, and many feel they are too negative
  - Information about treatment options and quality should be proactively provided directly into the hands of patients who might not otherwise seek it out
  - Patients want and seek resources specific to their current stage of disease and health status, but often don't know where to look
  - Medicare is a trusted source of information

## Including the Patient Voice

- » CMS believes that DFC is intended to support patients seeking information on kidney care
- » We continue to:
  - reach out to the community for ideas and suggestions on how to improve
  - work with the American Association of Kidney Patients and others to get feedback and perspectives from patients
  - continue to develop tools to help the community educate health care professionals, patients, and caregivers about DFC
  - work on developing a DFC Handbook to help patients and the rest of the dialysis community understand and navigate the DFC website

## Patient Voice Next Steps

- » Connect with patient and provider organizations to make sure they have the resources they need
- » Create resources that help patients understand their dialysis options
  - New DFC Handbook:  
[https://dialysisdata.org/sites/default/files/content/Methodology/Dialysis Facility Compare Handbook.pdf](https://dialysisdata.org/sites/default/files/content/Methodology/Dialysis_Facility_Compare_Handbook.pdf)
- » Look for opportunities to incorporate feedback into DFC, where possible
- » Consider feedback in the bigger picture of DFC's future development

# Resources

- » Information about measure specifications and the Star Ratings methodology will be found in v3.0 of the CMS End-Stage Renal Disease (ESRD) Measures Manual:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-Manual-v30.pdf>
- » An overview of the DFC website and basics on measures and data can be found in the Dialysis Facility Compare Handbook:  
[https://dialysisdata.org/sites/default/files/content/Methodology/Dialysis\\_Facility\\_Compare\\_Handbook.pdf](https://dialysisdata.org/sites/default/files/content/Methodology/Dialysis_Facility_Compare_Handbook.pdf)

# Questions?

- » For additional questions about the Star Ratings methodology or measure specifications, please email the UM-KECC helpdesk at [dialysisdata@umich.edu](mailto: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 or about the upcoming TEP, contact the project team at <https://ichcahps.org>

**Thank you!**