Dialysis Facility Compare (DFC) National Provider Call
January 23, 2020

Moderator: Hello and thank you for joining today's Dialysis Facility Compare National Provider Call. Our presenters are Golden Horton, Technical Lead for Dialysis Facility Compare at CMS; Jesse Roach, End-Stage Renal Disease Measure Lead at CMS; and Scott Scheffler, ICH CAHPS Survey Sampling Task Leader at RTI International. Golden will begin the presentation with background information on DFC. Jesse will provide a Measures and Star Ratings update. Scott will give an update on the CAHPS Survey results. Then Golden will discuss how CMS listens to patients. We will then have a question and answer portion at the end of the presentation. To ask a question, please use the Questions box in the webinar interface. Questions not answered during the webinar will be answered and posted with the other webinar materials on the ESRD General Information Page after the webinar. Now I would like to introduce Golden Horton. Golden, you may begin.

Golden Horton: Thanks, Tim. Good afternoon. Thank you for taking time out of your schedules to join us today. We are hoping you find today's webinar very informative. We have a jam-packed agenda, so let's go ahead and started. Next slide, please.

Background… The Centers for Medicare and 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 healthcare quality data to make informed decisions. Next slide, please.

So, what are Star Ratings? This is just a little background. 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 a host of other stakeholders. I will now turn it over to Jesse Roach, our ESRD Measures Lead. Jesse?

Jesse Roach: Thank you, Golden. Next slide, please.

These are the list of quality measures for the October 2019 Release. I will not read all of these out to you. These are available at dialysisdata.org and you can see them here. Next slide.

I do want to focus on two new measures for the October 2019 Release: the Percentage of Prevalent Patients Waitlisted, and the Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients. These are referred to by the acronyms PPPW and SWR, respectively. These were both available for dialysis facility preview beginning with the October 2018 Release. Neither were available for public review during that time. They will be available with this release, however. Explanation of these measures... next slide, please.

The PPPW, or again Percentage of Prevalent Patients Waitlisted, the numerator of this measure is the number of patient months in which the patient at the dialysis facility is on the kidney or kidney/pancreas transplant waiting list as of the last day of each month during the reporting year. Then the denominator is all patient months who are under age 75 in the reporting months who are assigned to that dialysis facility. Next slide.

Exclusions from this measure are patients who are age 75 or older in the reporting months, and patients who have been admitted to a skilled nursing facility or hospice during the month of evaluation. Patients who are admitted at dialysis initiation, as indicated on the Form 2728, are also excluded. Full documentation of this measure can be found at dialysisdata.org. Next slide, please.

For the SWR, or the First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients, the numerator is the 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. The denominator for this

measure is the expected number of waitlist or living donor transplant events at a facility according to each patient's treatment history for patients within the first year following initiation of dialysis, adjusted for comorbidities, among patients under age 75 on the waitlist. Next slide.

The exclusions for this measure are patients who are 75 years of age or older at the initiation of dialysis; patients who receive preemptive transplantation prior to the start of ESRD treatment; patients who are admitted to hospice at the time of initiation dialysis; and patients who are admitted to a skilled nursing facility at the incidence of dialysis as indicated on CMS Form 2728. Again, for this measure full documentation can be found at dialysisdata.org. Next slide, please.

As far as the methodology for the Star Ratings, no updates to the measures or methodology were implemented for the DFC October 2019 Release. Details about the current DFC Quality of Patient Care Star Ratings methodology for the October 2019 Release can be found at dialysisdata.org. Next slide.

Here are the quality measures used in the DFC Quality of Patient Care Star Rating Calculation for the October 2019 Release. These include: The Standardized Mortality Ratio, The Standardized Hospitalization Ratio, The Standardized Readmission Ratio, The Standardized Transfusion Ratio, The Standardized Fistula Rate, The Long-Term Catheter Rates, The Total Kt/V Measure Proportion of Patients with Hypercalcemia. The Total Kt/V Measure includes the measures listed below that were combined with Total Kt/V Measure. Next slide.

When will the DFC Quality Star Rating distribution be reset? The Star Rating distribution will be evaluated once three years have passed since the last reset. After three years have passed, the distribution will be evaluated for a reset when 15% or less of the facilities are receiving one or two stars. This aligns with the 2017 Technical Expert Panel recommendation for CMS to evaluate potential resetting at predictable time intervals. A resetting of the Star Rating Distribution will also include the establishment of a new baseline year. Next slide.

CMS developed the Star Rating program 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 Star Rating Technical Expert Panel was convened in the spring of 2019. The activities of this panel included teleconferences and an in-person meeting on June 6, 2019. The panel included providers, dialysis patients, methodological experts. The primary Technical Expert Panel charge was to provide recommendations on how and when to reset the DFC Star Ratings. Next slide, please.

A large majority of the panel members, 84%, agreed that the DFC Star Rating should be reset because the current Star Ratings distribution did not capture the full range of facility performance, reducing the effectiveness of the program. Two, it was found that too many facilities were at the higher ratings, which made it more difficult to discriminate between the quality of facilities. A supermajority, 63% of TEP members, supported resetting to a fixed prespecified distribution of 10% at 1-Star, 20% at 2-Star, 40% at 3-Star, 20% at 4-Star, and 10% at 5-Star. A minority recommended resetting the distribution with smaller percentages in the higher and lower star categories... so 5% at 1-Star, 15% at 2-Star, 60% at 3-Star, 15% at 5-Star, and 5% at 1-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 one or two stars would not reflect the overall quality of some of those facilities. Next slide.

Additional Recommendations of the Technical Expert Panel... to minimize confusion during the Star Rating resets, panel members emphasized the need for CMS to provide clear educational aids and supplemental information in plain language. Many TEP members agreed that the DFC Star Rating resets should be limited in frequency and use standardized methodology. During a subsequent teleconference, a large majority, 79% of members, voted to downweight Domain 3. Domain 3 includes hypercalcemia and the Kt/V measures to 50% of its current weight in the Star Rating calculation. Next slide, please.

CMS leadership approved the following DFC Star Rating methodology updates. One, reset the Star Rating distribution to a pre-specified distribution of 10% at 1-Star and 5-Star, 20% at 2-Star and 4-Star, and 40% at 3-Stars; and to downweight Domain 3 to 50% of its current weight in the Star Rating calculation. This updated

methodology will be provided 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 publicly for the October 2021 DFC Release. Next slide.

The 2019 DFC Star Rating Technical Expert Panel Summary Report is available at the following link at cms.gov. Next slide.

Now I will turn it over to Scott Scheffler to discuss the ICH CAHPS Survey.

Scott Scheffler: Hi, I'm Scott Scheffler. Today we'll be talking about the ICH CAHPS Survey. The next three slides will be a quick overview of ICH CAHPS, but the remaining slides will take an eagle-eye view of the study population between fall 2014 and fall 2018. Some of these patients have been with us since the very beginning. Just to note, this is a work in progress. We may not be able to answer all your questions at this time, but we wanted to share with you some of the results we have found so far. Next slide, please.

ICH CAHPS is conducted twice a year, during the spring and the fall. The survey consists of 52 items, with 43 being considered core CAHPS. Results are publicly reported on the DFC and refreshed twice a year using data from the two most recent surveys. Only ICH facilities with 30 or more completes across the two reported survey periods are reported. Next slide, please.

We report on six measures. Three are based on single-question items, also called "global ratings." These include ratings for the kidney doctors, dialysis center staff, and the dialysis center itself. The other three measures are composites, meaning that several questions are combined into one score. These three measures are a kidney doctor's communication and caring, dialysis center staff care and operations, and providing information to patients. The items that go into each composite have been unchanged since the fall of 2014. Next slide, please.

For each of those six measures, we've created a Star Rating. The intent is to allow patients and health care providers a quick and easy tool for gauging performance among the dialysis centers. They also create and report a seventh overall Star Rating, which is a simple average of the six measures. All of this is reported on the DFC. Next slide, please.

At the heart of ICH CAHPS is the desire to provide useful and critical data on a timely basis regarding patients' experiences of care. We also want to provide that information for as many facilities as possible. Now, the challenge in doing this is that the majority of dialysis facilities are not all that large. Somewhere around 85% of the over 7,000 facilities will have 100 or fewer survey-eligible patients. In fact, the median is much less; it's under 50, which means we are conducting a mere census of in-center hemodialysis patients. There are only a handful of dialysis facilities that are large enough to draw an actual random sample. Next slide, please.

This raises a lot of interesting questions: How often are patients being sampled? How often are they responding? Do they look any different from those that don't participate in the survey? What did their scores look like over time? From fall 2014 to fall of 2018, we have sampled over 730,000 unique patients. In a typical round of sampling, keep in mind that it's a mere census, we typically have about 320,000 to 340,000 patients. So some quick math emphasizes the point that this is a vulnerable population when looking at this over a four-and-a-half-year time frame. In this particular graph, we have a somewhat U-shaped distribution. Our highest peaks are at the beginning and end. The average is somewhere between four and five, or a little over two years. Now, I want to bring up an important point. If a person has been sampled and they don't show up in the subsequent rounds, that doesn't necessarily mean that they died... although this is often what we see. A certain percentage do become survey-ineligible when they have a transplant or, more likely, when the patient changes how they receive their dialysis treatment. If they receive home dialysis, or peritoneal, they won't be included in ICH CAHPS; although if they switch back to in-center hemodialysis, we'll pick them back up again in later survey periods. Next slide, please.

This next slide looks at the respondents and non-respondents. What we see on the right-hand side is that about half of our patients never respond to the survey at any point in time, and about 20% will respond to the survey once and only once. Then 31% respond to the survey two or more times. Next slide, please.

Now, this slide . . . we are only looking at the respondents. There are about 372,000 unique patients in this graph and we're looking at how many surveys each person has completed. So about 40% of respondents have only completed the survey once. Somewhere around 22% have completed it twice; and at the far right, we have our extremely loyal, commendable group of patients. They were sampled nine times; and in every single round, they completed the survey. Although this bar is not all that high, there are almost 4,000 patients in this group. The one question we are interested in... are there differences between those that respond once versus those that responded multiple times? Next slide, please.

These next three slides compare the demographics of our three groups. Our three bars are the non-respondents, those are on the left; those that respond once, they're in the middle; and those that are frequent responders, and they're on the right. This particular slide is looking at the age distribution of these three groups. There's a little bit of a difference in ages. Non-respondents tend to be a little younger, and frequent responders tend to be a little older; but there's not a huge difference. Next slide, please.

When we look at the racial groups, we see that everything is pretty close, with only some very minor variation. Next slide, please.

Likewise, when we look at ethnicity and gender, the bars are practically identical. So in terms of demographics, we're not seeing strong differences between the respondents and non-respondents... only a minor bit with age. Next slide, please.

Now, these next three slides are a little hard to see; and they're very busy graphs. We're not interested in the detail, per se; rather, we're looking at the overall picture. We just want to look and see if there's a pattern that pops out to us. What we have here are people who have responded to the survey exactly three times. Our horizontal X axis is our responses; we're showing the patient's average first response, their second response, and their third response. Our vertical Y axis are our scores. CAHPS scores are percentage-based, so it can from zero to 100%. These particular graphs are zoomed in and only show the range from 60% to 85%. That way, we can see small changes better. This graph is really showing everything at once. We're seeing what the responses were on every measure in every round. Now like I said, we're looking at this picture to see if we discern any type of pattern. Do these lines go up, down, or stay the same? If we see these scores starting to drop off, it could be a sign of survey fatigue; or it could be a sign that maybe as the patient conditions worsen, maybe they also have less satisfaction in their care. We don't see that here. These lines are pretty flat. Patient responses, on average, are pretty consistent. An important point... just because the average is consistent doesn't mean that patients are giving the same answer each time. When you look at a specific person's actual data, you'll see that sometimes they give good marks; the next time, they give not-so-good marks... or vice versa. There's a lot of change person-to-person and plan-to-plan. These lines are kind of like a national average of sorts. Next slide, please.

This next slide is the same style as the previous. We are looking at all of our ICH scores at once. The only difference is that these are patients who responded exactly six times. All these graphs are essentially the same, regardless of how many times a person has responded. We've got that one line in this graph that's up high; that's Composite 3. The other five are in the same general range below it. All six lines are relatively flat. There is the slightest tendency for some measures to drop about 2% from the first response to the second. They tend to stay horizontal after that. Next slide, please.

Then on our last slide, we have that special group of patients that responded in every single round. Once again, these lines are relatively level with some very slight movements; but overall, the pattern is the same here from graph to graph... those with three, six, and nine responses. Next slide, please.

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So what's next? We are continuing to conduct additional analyses on the ICH CAHPS Survey sample population, particularly shifting from descriptive analyses to statistical models. We have a population here that is often repeatedly sampled. We anecdotally hear a desire to lower the burden in some way; yet we also hear from patients, particularly those that have been excluded to survey criteria, that they want to participate. They want to add their voice so that others can benefit from their experiences. This is a truly resilient group of patients. Last slide, please.

This summer, CMS will hold a TEP meeting to discuss survey burden as it relates to the ICH CAHPS Survey. We will be looking at a number of different ways to lower burden--from reducing the questionnaire length to discussing the pros and cons of semiannual versus annual administration. As we discuss these ideas, we'll be counterbalancing this with the need to provide patients with as much useful and timely information that we can get them. This is a very challenging and important topic, so stay tuned. I think this makes a nice segue into Golden's section, "Including the Patient Voice." Thank you.

Golden Horton: Thanks, Scott. So Listening to the Patient Voice... next slide, please.

In 2017 CMS, partnered with 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. The patients were five 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 and engage patients. We here at CMS plan to continue to engage patients and the community. Next slide, please.

Due to the feedback in 2017, CMS then went back out in 2018 and conducted six focus groups in three 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. We have included here a summary of the results of the focus groups that are available at the link below. If you have a moment, please click the link here. You'll find a lot of helpful, useful information that was received from these focus groups. Next slide, please.

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 healthcare community about dialysis. The DFC team will be attending the 2020 CMS Quality Conference coming late February to continue our dialog with the community about how to improve the care that dialysis patients receive. We hope to see many of you all there. Next slide, please.

After reaching out to patients, what we heard was current depictions of ESRD and ESRD patients do not always represent the range of patient experiences that many feel 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. They also stated that Medicare is a trusted source of information. Some of the other feedback from patients also included that they were unaware of Dialysis Facility Compare and what it was utilized for. It is our hope that we continue to work with stakeholders and stakeholder engagement so that more patients will utilize the Dialysis Facility Compare website. Next slide, please.

CMS believes that DFC is intended to support patients and their caregivers, seeking to inform them of 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; and continue to develop tools to help the community educate healthcare professionals, patients, and caregivers about DFC. Again, we continue to develop informational resources to assist stakeholders and patients with understanding and utilizing all that the DFC website has to offer. Next slide, please.

So what are our next steps? Our next steps include connecting with the patient and provider organizations to make sure that they have the resources that they need. CMS created resources that help patients understand

their dialysis options. Embedded in this slide, we have a new Dialysis Facility Handbook. When you get a moment, you can kind of take a look at that. This will assist the dialysis community in understanding and navigating the website. We're also looking for more opportunities to incorporate feedback into Dialysis Facility Compare, where possible, and consider feedback in the bigger picture of DFC's future development. Please continue to look out for more ways to become involved as the Dialysis Facility Compare website continues to evolve. Next slide, please.

If you would like more information in reference to measure specifications and Star methodology, please see either of the links on this slide. At this time, I will turn it over to our moderator for questions.

Moderator: Thank you, Golden. We will now begin the question and answer portion of the webinar. As a reminder, you can submit a question using the Questions box. Questions not answered during the webinar will be answered and posted with the other webinar materials on the ESRD General Information Page after the webinar. Our first question is: "Where is the HD Adequacy Interface Module in CROWNWeb, which DFR uses for calculations?"

Jesse Roach: Thank you. This is Jesse Roach. We are going to actually have to refer you to the CROWNWeb Help Desk to answer that question. In the summary, we can list the e-mail address that that's available at.

Moderator: I believe the link and phone number for the CROWNWeb Help Desk is also on the slide right now. Our next question is: "Is any consideration made for those facilities and patients who are a far distance from any transplant facility; for example, greater than 120 miles?"

Jesse Roach: I'm going to refer that to our contractor, the University of Michigan Kidney Epidemiology and Cost Center, for that answer.

Joe Messana: Good afternoon. This is Joe Messana from KECC. There currently is not an adjustment for distance from the facility in those measures.

Moderator: Our next question is: "How will the Domain 3 reset affect the weights of the other domains?"

Jesse Roach: Again, I will refer that to UM-KECC.

Joe Messana: Joe Messana again... in the original distribution with three domains, each of the domains accounted for 33.3% of the total, or one-third, with a 50% reduction in Domaine 3. Domains 1 and 2 would each account for 40% of the total score; and Domaine 3 would then account for 20% of the total score, effecting that 50% reduction that was discussed at the TEP.

Moderator: Our next question is: "Will we see the Star reset in the October 2020 Release?"

Jesse Roach: The October 2020 Release will not include the reset. The October 2021 Release will include this reset, and it will be previewed prior to that in the July update for facilities to preview.

Moderator: Next question: "Is there any consideration in decreasing the frequency of satisfaction surveys? Our patients have commented on being asked to complete a survey twice a year, and they often don't participate in the second survey."

Scott Scheffler: This is Scott Scheffler. That is an issue that we'll be talking about at our TEP meeting this summer... is how often to administer the survey.

Moderator: Next question: "Perhaps I missed the definition of the Star Rating being reset. Does that mean the weighting of measures will be adjusted up or down?"

Jesse Roach: A reset means that we will be defining a new baseline scoring cutoff for facilities to be rated. The cutoffs for each score will be changed to the 10%-20%-40%-20%-10% distribution that we mentioned in the presentation. Also, we will be adjusting, as previously talked about, the weights of Domain 3 and all of the other domains.

Moderator: Next question: "There is a significant number of patients who have taken the survey over and over. It is the same survey with the same questions. They are considering not doing it anymore. Can't the survey be shortened?"

Scott Scheffler: Hi, this Scott Scheffler. That is one of the options we are considering with reducing survey burden... is possibly reducing the number of questions on the survey itself.

Moderator: Next question: "Are patients actively receiving treatment for cancer excluded from the PPPW measure?"

Jesse Roach: Patients receiving cancer treatment are not excluded from the PPPW measure. Only patients that are in hospice would be excluded from that measure.

Moderator: Next question: "Are patients that are located in a skilled nursing facility excluded from transplant criteria?"

Jesse Roach: Patients that are in a skilled nursing facility would be excluded from both the PPPW and the SWR measures.

Moderator: Next question: "What year will the new baseline be?"

Jesse Roach: Hold on for just a second, please. We haven't made that determination yet. The new baseline year has not been finalized.

Moderator: As a reminder if you have any questions, please feel free to submit them through the Questions box.

Our next question: "When will the New Measures Manual be released to reflect the new 5-Star weighting?"

Jesse Roach: The New Measures Manual will be available when the DFC measures are available for facility preview.

Moderator: Our next question: "What about patients who have already been evaluated but denied a transplant?" I believe this is referring to exclusion.

Jesse Roach: Please stand by. I'm going to refer that to our contractor, UM-KECC.

Joe Messana: Good afternoon again. This is Joe Messana. For the transplant measures, all patients that don't meet specified exclusion criteria are included in the measure; and that is not one of the specified exclusion criteria.

Moderator: Thank you. That is all the questions we have right now. If you have another question, please feel free to submit it in the Questions box. We'll give everyone a minute or two to submit any final questions.

Okay, I don't see any additional questions coming in; so that will be the final question for the Q&A portion of the webinar. Questions that have not been answered have been recorded and will be addressed in the Q&A document that will be posted to the ESRD General Information Page after the webinar. Golden, I will turn it back over to you to close the call.

Golden Horton: Thanks, Tim. We hope this webinar today has been informative. If you have any other further questions, please also utilize the link on the previous slide. Again, thank you for joining us today. Enjoy the rest of your afternoon.

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