



Dialysis Facility Compare Focus Groups

CMS Puts Dialysis Patients First

The Centers for Medicare & Medicaid Services (CMS) is committed to putting patients first. As part of that commitment, CMS maintains the [Dialysis Facility Compare \(DFC\) website](https://www.medicare.gov/dialysisfacilitycompare) (www.medicare.gov/dialysisfacilitycompare), which allows patients to search and view quality star ratings for dialysis facilities. CMS developed the DFC Quality of Patient Care Star Ratings in response to a national call for greater transparency in how the agency measures the quality of care for patients with kidney disease and consumers' desire to use health care quality data to make informed decisions. CMS regularly updates the Dialysis Facility Compare site with new data and resources to give patients the information they need to make the best decisions for their health. As part of the Trump Administration's Advancing American Kidney Health initiative, the DFC site supports [CMS's goal of improving access to and quality of person-centered treatment options](#) by providing information to patients about their end-stage renal disease treatment options.

Listening to Patients

In 2018, the CMS Dialysis Facility Compare team collaborated with the American Association of Kidney Patients (AAKP) to host discussions with, and gather insights from, kidney disease patients about how they learn about dialysis treatment options and choose a facility.

From the beginning of this project, CMS and AAKP decided to focus on hearing from patients that are not as familiar with their condition as well as those without access to online information and tools. Using their close relationship with the dialysis community, AAKP connected CMS with 39 kidney disease patients of all ages in Albuquerque, New Mexico, Denver, Colorado, and Atlanta, Georgia, who wanted to share their experiences.

In a series of meetings with these patients, CMS learned how they make care-based decisions, receive information on their treatment, and select a dialysis provider. Several AAKP local ambassadors also generously volunteered their time to provide essential in-person support at the meetings to help the patients check-in and feel comfortable.

What We Learned

In these conversations with patients we heard several common themes:

- Patients frequently mention the need for basic information when starting dialysis. To help them find this information quickly, we're creating new resources about the Dialysis Facility Compare website, starting with the DFC Handbook.



- Dialysis facilities are generally the primary source of care-related information for patients who begin dialysis without prior end-stage renal disease treatment. The Dialysis Facility Compare team is continuing to collaborate with provider groups to provide information about the DFC website and resources clinicians can share with their patients.
- Dialysis patients are often unaware or under-aware of the role Medicare plays in payment and regulation. We're updating the information on the Dialysis Facility Compare website to include information about quality measures that CMS uses to rate dialysis facilities.
- Participants had low general awareness to the Dialysis Facility Compare website, but when introduced to it they found it helpful. We are continuing our outreach activities to promote the Dialysis Facility Compare site, including social media outreach, public webinars, and collaboration with stakeholder groups.

CMS is using the feedback we heard to create and update resources for the Dialysis Facility Compare website to help ensure all patients have the information they need to make informed decisions about their care. The newest of these resources is the Dialysis Facility Compare Handbook, available this Fall, which explains the data behind star ratings and measures, why they are important, and how they track the quality of care dialysis facilities provide.

Thank You!

CMS would like to extend our sincere thanks to AAKP staff and local ambassadors for their valuable support. Their help was essential to making these patient discussions a success, and CMS would not have been able to connect with such an important patient population without their help.

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