

Understanding Measures, Star Ratings, and Quality Outcomes

June 20, 2018
1:00-2:00 P.M. ET



Agenda

| Topic | Speaker |
|---|--|
| Dialysis Facility Compare: Review and Background | Elena K. Balovlenkov, MS, RN, CHN Technical Lead, Dialysis Facility Compare, Division of Quality Measurement, Centers for Medicare & Medicaid Services |
| 2018 Release Measures and Methodology Updates | Jesse Roach, MD End-Stage Renal Disease Measures Development Lead, Division of Quality Measurement, Centers for Medicare & Medicaid Services |
| Dialysis Facility Compare 2018 Star Ratings Update | |
| Updated and New Quality Measures to be Reported on DFC in October 2018 | |
| New and Modified Measures Table | |
| Patient List Requests | |
| Star Ratings of CAHPS Survey Results | Scott Scheffler, MS ICH CAHPS Survey Sampling Task Leader, Division for Statistical and Data Sciences, RTI International |
| Including the Patient Voice | Elena K. Balovlenkov, MS, RN, CHN Technical Lead, Dialysis Facility Compare, Division of Quality Measurement, Centers for Medicare & Medicaid Services |
| How Can You Help? | |

Questions

Dialysis Facility Compare: Review and Background

Elena K. Balovlenkov, MS, RN, CHN
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

DFC Star Ratings Highlights

| Date | Activity |
|-------------------------|--|
| June 2014 | Star Ratings announcement |
| January 2015 | DFC 2014 Star Ratings release |
| April 2015 | Technical Expert Panel (TEP) review |
| October 2015 | DFC 2015 Star Ratings release |
| December 2015 | TEP discussion of April 2015 report |
| February – March 2016 | Public comment period |
| June 2016 | Public call on Star Ratings methodology |
| August 2016 | Public call on measure updates |
| October 2016 | DFC 2016 Star Ratings refresh |
| October – December 2016 | Announcement of Candidate Measures and Public Comment Period |
| February 2017 | Technical Expert Panel (TEP) review |
| October 2017 | October 2018 Technical Report Available |

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

Dialysis Facility Compare 2018 Release Measures and Methodology Updates

Jesse Roach, MD

*ESRD Measures Development Lead,
Division of Quality Measurement, CMS*

Dialysis Facility Compare July Preview Period: July 15-August 15

Public Reporting for 2018

- » Dialysis Facility Compare (DFC) Quality Measure Set
 - Updated DFC measure set for 2018
- » DFC Clinical Quality Star Ratings
 - Updated DFC Star Ratings methodology for 2018

New Measures Table

- » Provides a preview of the October 2019 measure candidates
- » Information available only to facilities, starting with this preview period

Key 2017 Star Ratings TEP Recommendations

- » Update SMR, SHR, STrR, and Hypercalcemia quality measures to reflect updated NQF-endorsed specifications
- » Replace current VA measures with the Standardized Fistula Rate and Long-Term Catheter Rate measures
- » Include Pediatric PD Kt/V in the Star Ratings
- » Provide input on potential next steps for re-setting
- » Add ICH-CAHPS as a separate Star Rating from the DFC Clinical Quality Star Ratings

For a complete summary, see the Technical Expert Panel final report [here](#).

Details about the current DFC Clinical Quality Star Ratings methodology can be found at: <https://dialysisdata.org/content/methodology>

October 2018 DFC Clinical Quality Star Ratings

- » The DFC Clinical Quality Star Ratings will be released in October 2018
- » The October 2018 DFC Clinical Quality Star Ratings will be calculated using the updated methodology
- » Details about the updated DFC Clinical Quality Star Ratings methodology for the October 2018 release can be found at:
https://dialysisdata.org/sites/default/files/content/Methodology/Updated_DFC_Star_Rating_Methodology_for_October_2018_Release.pdf

Updates for the October 2018 Star Ratings

- » The October 2018 Star Rating release will include updated versions of the following measures: SMR, SHR, STrR, and Hypercalcemia. The current VA measures will be replaced with the Standardized Fistula Rate and Long-Term Catheter Rate measures.
- » The new measures are: Standardized Readmission Ratio (SRR), Pediatric PD Kt/V
- » The Pediatric PD Kt/V measure will be added into the combined Total Kt/V measure.
- » The ICH CAHPS Star Rating will also be added as a separate Star Rating.

NOTE: The (NHSN SIR) measure will remain on the DFC site but will not be included in the Star Ratings

The technical notes for the October 2018 DFC Clinical Quality Star Rating methodology are available [here](#).

Updated and New Quality Measures to be Reported on DFC in October 2018

- » Standardized Mortality Ratio for Dialysis Facilities (SMR, [NQF #0369](#))
- » Standardized Hospitalization Ratio for Dialysis Facilities (SHR, [NQF #1463](#))
- » 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](#))
- » Proportion of Patients with Hypercalcemia (Hypercalcemia, [NQF #1454](#))
- » Measurement of nPCR for Pediatric Hemodialysis Patients (nPCR, [NQF #1425](#))

Quality Measures Used in the DFC Clinical Quality Star Rating Calculation for October 2018 **

- » 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 2018 Clinical Quality Star Rating methodology are available [here](#).

Updates for the October 2018 Star Ratings*

- » The October 2018 Release will use the April 2018 DFC Release data and Star Rating distribution to establish a new set of final score cutoffs to be applied to the Star Ratings calculated for the October 2018 DFC release

* The Technical Notes for the DFC October 2018 Clinical Quality Star Rating methodology are available [here](#).

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

- » The clinical star ratings distribution will be evaluated once 3 years have passed since the last reset
- » After 3 years have passed, the clinical star rating distribution will be evaluated for a reset when 15% or less of facilities are receiving 1 or 2 stars
- » This aligns with the 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

Upcoming New Measures Table

- » This additional table will allow facilities to preview their new measure data before the start of public reporting in the October 2019 DFC release
- » Facilities will be able to ask questions and request patient lists for these measure calculations
- » The table will be calculated with calendar year 2017 data and remain available for each quarterly preview period leading up to the July 2019 preview for the October 2019 release

Upcoming New Measures Table

- » Included in the table:
 - Percentage of Prevalent Patients Waitlisted (PPPW), using calendar year 2017 data
 - Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR), using calendar years 2014-2016 data

Patient List Requests

- » During the quarterly DFC preview periods, users are able to request their facility's patient lists

- » The patient list request protocol:
 - Facilities will be encouraged to request patient lists in the first 5 days of a 15-day preview period and the first 10 days of a 30-day preview period

 - Patient list requests in the first 5-10 days of a preview period will receive top priority in response time

 - After this period, DFC will continue to fulfill patient lists, if requested, but the response time will be greater

Star Ratings of CAHPS Survey Results

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 hemodialysis patients
- » Survey questionnaire contains 62 items; with 43 considered to be “Core CAHPS” survey items
- » How does CMS ensure the quality of data collected in the survey?
 - Use of independent survey vendors
 - Ongoing training of all survey vendors
 - In-person meetings and oversight with vendors
 - Survey website for announcements and updates
 - Ongoing review of submitted data

Publicly Reported ICH CAHPS Measures

- » CMS began reporting ICH CAHPS Survey results on Dialysis Facility Compare on 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
- » “Top-box” (the most positive) scores are reported on Dialysis Facility Compare

Publicly Reported ICH CAHPS Measures (cont'd)

- » Three composite and three individual measures are reported on Dialysis Facility Compare
- » Composite Measures
 - Kidney doctors' communication and caring, (6 survey items)
 - Dialysis center staff, care and operations, (17 survey items)
 - Providing information to patients, (9 survey items)
- » Three global ratings (individual survey items)
 - Rating of kidney doctors
 - Rating of dialysis center staff
 - Rating of dialysis center

So Again, Why Star Ratings?

- » Remember, 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

General Information about Star Ratings on CAHPS Surveys

- » Star ratings will begin with the October 2018 refresh using 2017 Spring and 2017 Fall Survey data
- » Star ratings on the ICH CAHPS Survey will be based on the same data as the ICH CAHPS measures publicly reported on Dialysis Facility Compare
- » CMS is currently using star ratings on other CAHPS Surveys, including the Hospital CAHPS and the Home Health CAHPS Surveys, and on the CMS Part C and Part D Star Ratings Program

Creating Star Ratings on ICH-CAHPS: Step 1

Star ratings for the ICH CAHPS Survey measures are calculated using the following steps.

Step 1

Construction and Adjustment of Linearized Score

- For star ratings, all survey response levels are used
- Individual survey responses are converted into linear scores on a 0-100 point scale
- Composite scores are based on the mean of the linearized responses to the questions that are included in each composite measure

Creating Star Ratings on ICH-CAHPS: Step 1 (cont'd)

- » After linearized scores are calculated, they are adjusted for mode effects and patient mix
- » Patient mix creates a level playing field among providers by adjusting for patient characteristics that affect response tendencies
- » Patient Mix Adjusters
 - Patient adjustment factors include age, gender, self-reported overall health status, education, years on dialysis, and selected diseases and conditions
 - Most of the adjustment factors come from the patient survey

Creating Star Ratings on ICH-CAHPS: Step 2

Step 2

Converting Linearized Scores to Star Ratings

- » Adjusted linearized scores are averaged across reporting periods and rounded to the nearest whole number. Only CCNs with 30 or more completes are used
- » A statistical clustering technique is applied to the combined adjusted linearized scores
- » Clustering identifies star groups that **maximize** differences between groups and **minimizes** differences within groups
 - There are no predetermined quotas on the number of in-center hemodialysis facilities that would be included in any star category
- » A 1, 2, 3, 4, or 5 star is assigned to each ICH CAHPS measure based on cluster assignments

Star Ratings Cut Points on ICH-CAHPS

- » The cut points (boundaries) for star assignments are derived from the range of individual measure Star Ratings in each cluster
- » The star levels associated with each cluster are determined by ordering the means of each cluster
- » In each public reporting period, the cut points will be re-estimated and made available to ICH facilities in a Preview Report.
https://ichcahps.org/ICHCAHPS_Star_Rating_Methodology_Report.docx
- » Linearized scores for each measure will also be provided to ICH facilities via the Preview Report
- » An overall rating is created which is a simple average of the 6 individual star ratings

Including the Patient Voice

Elena K. Balovlenkov, MS, RN, CHN
*Division of Quality Measurement,
CMS*

Patient Summit Overview

- » 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

Including the Patient Voice

- » What we heard:
 - 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
 - Medicare is a trusted source of information.

Including the Patient Voice

- » CMS continues to believe that DFC is intended to support patients seeking information on kidney care
 - We have reviewed language and content on DFC to make it accessible to all patients
 - DFC is conducting usability testing of the website to ensure that it is easy to use and displays correctly on tablets and smartphones
 - We are adding the capability to filter results by ICH CAHPS star ratings

In closing

- » 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 through additional focus groups and listening sessions
 - 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 patients through social media
- » Look for opportunities to incorporate feedback into DFC, where possible. For example:
 - Reorganize existing content to address different stages of kidney disease
 - Address patients' sensitivities around terminology and depictions of patients
- » Consider feedback in the bigger picture of DFC's future development
- » Consider a future meeting with less-engaged patients to understand their perspectives and how DFC can help them engage in their kidney care

Questions

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/>
- » The webinar slides, transcript, and Q&A will be posted on the ESRD General Information page following the webinar: <https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation/index.html>

*posting date TBD

Questions?

- » For additional questions about the Star Ratings methodology or measure specifications, 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>

Thank you!