

**To:** Elena Balovlenkov and Tennille Brown CMS/CCSQ; and  
Eileen Zerhusen, CMS/WNMG  
**From:** Rebecca Catterson and Elaine Swift, NORC  
**Re:** Dialysis Facility Compare Discussion Findings  
**Date:** 10/31/2017

The Centers for Medicare and Medicaid Services (CMS) is planning to introduce star ratings on the Dialysis Facility Compare (DFC) website in January of 2015 to help the site better meet consumer needs. One criticism of the proposed DFC star ratings was that health care consumers may get confused between the DFC star rating and the CMS End-Stage Renal Disease (ESRD) Quality Incentive Program. The QIP is a CMS administered value-based purchasing program which links a portion of payment directly to facilities' performance on quality of care measures. CMS asked NORC to conduct discussions with users or potential users of DFC who were currently undergoing in-center hemodialysis to learn about their assumptions about, and impressions and understanding of the star ratings and the QIP including:

- Familiarity with DFC and the QIP program,
- Reaction to and comprehension of the QIP certificate and a screen shot of DFC including star ratings,
- Understanding of and "take-aways" from proposed "static content" (i.e. explanatory language for the website) for both DFC and the QIP websites explaining each program, their intended audiences, and their differences.

In order to ensure that the findings from these discussions would apply to "average" dialysis patients, the intended audience of DFC, NORC worked with CMS on plan to recruit individuals who were not "professional patient advocates," existing members of CMS committees of panels, or heavily involved in health care policy. To do this, NORC contacted three separate organizations or entities that support, educate, and/or advocate for dialysis patients to ask whether these organizations would be willing to send out the NORC recruitment information to their contacts/members. The three organizations were:

- Dialysis Patient Citizens
- National Kidney Foundation
- Council of Nephrology Social Workers

Each organization agreed to send out the recruitment notice to its members or listserv. The recruitment notice noted that NORC was looking for individuals who:

- Are currently undergoing in-center hemodialysis
- Would be interested in looking at dialysis facility quality information online

- Are available for a 30 minute discussion between Monday December 15th and Friday December 19th (we can schedule the time around your availability within these dates)
- Have use of a telephone and computer with internet access

Beginning on December 16<sup>th</sup> 2014 and ending on December 22<sup>nd</sup> 2014, NORC conducted eight in-depth one-on-one discussions with end-stage renal disease (ESRD) patients currently undergoing in-center hemodialysis who were users or potential users of DFC.

NORC conducted 30 minute discussions. The night before each discussion, NORC emailed participants a PDF file content to view during the discussion. At the time of the discussion, participants dialed into a conference call and viewed the PDF file on their computer screen or on a printout.

## **Findings**

### **Factors that participants associate with high-quality in a dialysis facility**

Prior to talking about DFC or the QIP, participants were asked to describe the factors they associated with high quality care at a dialysis center.

- All participants reported that the cleanliness of a facility served as an important indicator of quality. Several participants mentioned that if the chairs or floors had blood on them, or that the bathroom was not clean; this probably indicated general lack of attention to detail.
- Similarly, several participants associated a lack of cleanliness with infection and so noted that a high-quality facility is clean and thus puts them at less risk for infection.
- A number of participants mentioned the importance of adequate staffing including the availability of social workers and a high tech-to-patient ration. Additionally several participants noted how a fast and appropriate response by facility staff to an alarm of alert was a sign of high-quality care.
- Also related to staffing, participants mentioned the importance of “well-trained” staff and that the director of the facility was a medical professional.
- Several participants associated personal comfort, including newer and comfortable chairs as well as recently remodeled facilities with quality.
- One participant also mentioned each of the following quality indicators:
  - Proximity from home
  - Mortality
  - Measures of dialysis quality (e.g. kt/v)

### **Prior Experience with DFC**

- Two of the eight participants reported using Dialysis Facility Compare in the past. One of these participants did not know the name of the website, but recognized the screenshot.
- One participant used the website when looking for a dialysis facility, the other used it after starting treatment at a facility and wanting more information.

### Prior Experience with the QIP

- One of eight participants was familiar with the QIP program and described it as a “program that attempts to collect data from dialysis facilities about...anemia management and calcium etc.... that are important on a national level for Medicare... for the quality of how well [facilities] are dialyzing patients.”

### Impressions of QIP Certificate<sup>1</sup>

- More than half of respondents reported never seeing this certificate previously. Several participants thought they had seen it before but were not sure where, some surmised that they saw it online when looking for information about their facility. When asked directly, no participants reported seeing this certificate in their dialysis facility.
- The majority of participants reported feeling overwhelmed by the amount of information on the certificate and not fully understanding everything.
- When asked about their impressions of the quality of care in this (mock) facility, most participants focused in on a column or two of data such as the facility score, or comparing the facility percent to the national median. Participants also focused in on any scores, which were “not applicable” for the facility.
- Participants did not spontaneously mention the Total Performance Score. In the example presented to participants, the total performance score was 68 out of 100. Several participants thought a score of 68 indicated low quality, others thought it indicated adequate quality and still others wanted to compare it to the national average.

### Impressions of DFC Screenshot with Star Ratings<sup>2</sup>

- Participants generally found the DFC website screenshot easy to understand and interpret. They appreciated the amount and kind of information provided (e.g. when the shift starts, how many stations it has (so have a good idea of how big it is)).
- Other information that participants would hope to see (in additional to the indicators of quality they mentioned previously) on DFC includes:
  - A facility’s hospital affiliation(s)
  - Additional information about hours, shifts, and scheduling
  - Average age of patient
- When asked specifically about the stars:
  - Several participants thought the stars made for an “easy quick glance” and the quality of a facility. One mentioned “liking the stars, because [the ratings are] comparable to a restaurant.”
  - Another participant mentioned that he would first look more into (e.g. look deeper into the data, call, and visit) the facilities with the highest scores and potentially “toss out” facilities with the lowest scores.

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<sup>1</sup> Pages 2 and 3 of the visuals attachment

<sup>2</sup> Page 4 of the visuals attachment

- Yet a additional participant said that a facility's hours were most important so she would use that along with the stars.
- Additionally, a participant noted that they would be ok with any number of stars because they believed if one star was good enough for Medicare, they would be comfortable going there.
- More than half of participants wanted to know more about the information that went into the stars and how the ratings were calculated.

#### Preference after viewing QIP Certificate ad DFC Star ratings

- Half of participants reported that they would prefer to use DFC (and the stars)
  - Most participants reported that it was because it was easier to understand and that it did not require being familiar with statistics and terminology of dialysis that people outside of the health care setting don't often know about
  - One mentioned the stars were "easier to relate to" and using them made sure you did not have "to find out what the QIP score really mean"
  - One participant mentioned that the focus of the QIP was improvement and that on DFC you didn't have to "wait for improvement" but could compare to other facilities more easily
- The other half of participants believed that most other people, especially people just starting out and looking for a dialysis facility for the first time, would be better of using DFC and the stars, but because they are long-time and/or more sophisticated dialysis patients, they would probably use both the DFC stars and the QIP.
  - One of these participants noted that it would depend on what he was looking for. "If I was trying to find information about my particular setting, I would use the QIP. If I was looking to go to another unit, then I would first I would do compare star rating."
  - Another participant would start with the stars, visit facilities, and then look at the QIP scores.
  - One participant thought that the QIP certificate cut to the chase and gave him everything he needed in one place.

#### Impressions and Preferences after Reading "static content"<sup>3</sup> describing the differences between the DFC stars and the QIP

- After reading the static content:
  - Participants did not change their opinions and reasons why they would use the DFC stars or the QIP certificate when looking for information about dialysis centers.
  - Only one of the eight participants was able to accurately summarize the information.
  - One participant reported that the language was "bureaucratese" and believed CMS was "getting the information out t...but it's not telling the patient customer anything."

#### Conclusions

- Participants were mostly unaware of DFC prior to the discussion and less aware of the QIP

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<sup>3</sup> Page 5 of the visuals attachment

- After discussing DFC and the QIP, most participants believed DFC was an easier to understand and more appropriate resource for looking at dialysis facility information.
- A minority participants believed that they were sophisticated-enough patients to understand, use and prefer the QIP certificate, however, these participants did not see layered data on DFC with similar reporting of quality measure scores which may have also met their needs.
- Participants found stars useful; mainly as a starting point for a dialysis facility search (where to visit in person first) or an addition to other factors reported on DFC
- Static content describing the differences between the QIP and the DRF star ratings can be improved to potentially:
  - Better meet “plain language” needs
  - Strengthen the message that the DFC stars are meant for consumers and the QIP is a value-based purchasing program