



# **Understanding Measures, Star Ratings, and Quality Outcomes**

June 29<sup>th</sup>, 2023

# Agenda



Agenda	
Topic	Speaker
October 2023 Release Overview	<b>Golden Horton, MS</b> Technical Lead, Dialysis Facility Data on Medicare.gov, Division of Quality Measurement, Centers for Medicare & Medicaid Services <b>Amy Hendershott, MA</b> Project Director for the ICH CAHPS Survey, RTI International
New Measures for October 2023	<b>Golden Horton, MS</b>
Updates to Measure Methodology	<b>Stephanie Clark, MD, MPH, MSHP</b> Medical Officer ESRD Measure Lead Quality Measurement & Value-Based Incentives Group (QMVIG) Centers for Medicare & Medicaid Services (CMS)
Updates to Star Rating Methodology	<b>Stephanie Clark, MD, MPH, MSHP</b>
<b>Questions</b>	

# October 2023 Release Overview

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With the October 2023 release, the following measures on Dialysis Facility Care Compare (DFCC) will be updated with data from Calendar Year (CY) 2022:

- Adult and child patients who had enough waste removed from their blood during hemodialysis or peritoneal dialysis
- Adult patients who had too much calcium in their blood
- Frequency of patient death, hospital admission, or readmission
- Frequency of transfusions
- Hemoglobin management (Downloadable Data Only)
- Phosphorus concentrations in the blood (Downloadable Data Only)
- Adult patients who received treatment through an arteriovenous fistula
- Adult patients who had a catheter (tube) left in a vein for at least 3 consecutive complete months, for their regular hemodialysis treatments
- Measurement of nPCR for pediatric hemodialysis patients
- Patients who were on the kidney or kidney-pancreas transplant waiting list
- Transplant waitlist within a year of dialysis initiation
- Prevention of bloodstream infections
- Emergency department encounters
- Emergency department encounters within 30 days of hospitalization

The star ratings will also be updated with this release. More information on this update will be provided later in the presentation

# October 2023 Data Refresh - ICH CAHPS Survey



With the October 2023 refresh, the following measures on DFCC will be updated with data from the 2022 Spring and 2022 Fall ICH CAHPS Surveys:

The scores and star ratings for the following survey measures:

- Kidney doctor's communication and caring composite
- Quality of dialysis center care and operations composite
- Providing information to patients composite
- Rating of kidney doctors
- Rating of dialysis center staff
- Rating of dialysis center

The Overall Star Rating of the ICH CAHPS Survey of Patients' Experiences are also updated with this release.

# Increasing Public Reporting of ICH CAHPS Data in Future Care Compare Refreshes



- In order to increase the number of dialysis facilities that have ICH CAHPS Survey data publicly reported on Care Compare every April and October, we must increase survey response rates!
- We know there is survey fatigue, as many patients are being asked to complete the survey twice a year – but repeat participation is important!
  - It allows CMS to track the changes over time.
  - The more data collected for each facility every survey period, the better the chance for a facility to receive 30 completed surveys over 2 combined survey periods and therefore be reported on Care Compare.
- CMS has field tested a shorter ICH CAHPS Survey in an effort to reduce survey burden as well as adding a web component; analyses are ongoing.

# Increasing Public Reporting of ICH CAHPS Data in Future Care Compare Refreshes



But what can providers do to help increase response rates, in an effort to increase public reporting of ICH CAHPS Survey data?

- Show patients the ICH CAHPS Survey envelope that vendor uses
- Let patients know what phone number to expect a call from
- Use the official ICH CAHPS flyer or poster in the facility or create your own (must receive approval)
- Use the new ICH CAHPS “Waiting Room FAQs” in the facility
- Remind patients of the survey fundamentals:
  - Purpose of the study
  - Importance of patient participation
  - Upcoming data collection schedule (when to expect a mail survey or a telephone call)
  - How results are published
  - Any facility plans to improve patient care based on survey results



# **New Measures for October 2023**

# New Measures for October 2023 Release



Two new measures are being added to DFCC for the October 2023 release:

- Standardized Emergency Department Encounter Ratio (SEDR)
- Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities

These measures were included in a dry run table in the November 2022 and February and May 2023 DFCC preview reports.

# New Measures for October 2023 Release



## Standardized Emergency Department Encounter Ratio

- The Standardized Emergency Department Encounter Ratio (SEDR) is defined to be the ratio of the observed number of emergency department (ED) encounters that occur for adult Medicare ESRD dialysis patients treated at a particular facility to the number of encounters that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities.
- **Numerator:** The observed number of outpatient Emergency Department encounters during the reporting period among eligible adult Medicare patients at a facility.
- **Denominator:** The expected number of Emergency Department encounters among eligible Medicare patients at the facility during the reporting period adjusted for the characteristics of the patients at the facility.

# New Measures for October 2023 Release



## Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge for Dialysis Facilities

- The Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge for Dialysis Facilities (ED30) is defined to be the ratio of observed over expected events. The numerator is the observed number of index discharges from acute care hospitals that are followed by an outpatient emergency department encounter within 4-30 days after discharge for eligible adult Medicare dialysis patients treated at a particular dialysis facility. The denominator is the expected number of index discharges followed by an ED encounter within 4-30 days given the discharging hospital's characteristics, characteristics of the dialysis facility's patients, and the national norm for dialysis facilities.
- **Numerator:** The observed number of index hospital discharges during a year that are followed by an emergency department encounter within 4–30 days of the discharge among eligible adult Medicare patients at a facility.
- **Denominator:** The expected number of index hospital discharges for eligible adult Medicare ESRD dialysis patients during the two-year period that are followed by an emergency department encounter within 4-30 days of the discharge among eligible patients at a facility. The expected value is the result of a risk-adjusted predictive model adjusted for the characteristics of the patients, the dialysis facility, and the discharging hospitals.

# Updates to Measure Methodology

# Updates to Measure Methodology



With the October 2023 release, we have incorporated patient-level, time-limited risk adjustment for COVID-19 for the following measures:

- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Standardized Readmission Ratio (SRR)
- Standardized Transfusion Ratio (STrR)

These updates have been included in a dry run table in the February and May 2023 DFCC preview reports.

# COVID-19 Adjustment: SMR



- SMR is defined as the ratio of the observed number of deaths for patients in a facility to the expected number of deaths that would have been expected for a facility with the same patient case-mix.
- To account for the impact of COVID-19, we include an adjustment for time since first inpatient COVID-19 diagnosis in the risk adjustment model, flagging increased risk of mortality for 3 months post-diagnosis.

# COVID-19 Adjustment: SHR



- SHR is defined as the ratio of the observed number of hospitalizations for patients in a facility to the expected number of hospitalizations that would have been expected for a facility with the same patient case-mix.
- To account for the impact of COVID-19, we include an adjustment for time since first COVID hospitalization in the risk adjustment model, broken into four categories:
  - 0-30 days
  - 30-60 days
  - 60-180 days
  - 180 days+ (grouped with No COVID)



# COVID-19 Adjustment: SRR



- SRR is defined as the ratio of the number of observed index discharges from acute care hospitals to that facility that resulted in an unplanned readmission to an acute care hospital within 4-30 days of discharge to the expected number of readmissions, given the discharging hospitals and the characteristics of the patients and based on a national norm.
- To account for the impact of COVID-19, we include an adjustment for whether the index discharge included a COVID diagnosis.

# COVID-19 Adjustment: STrR



- STrR is defined as the ratio of the observed number of transfusions for patients in a facility to the expected number of transfusions that would have been expected for a facility with the same patient case-mix.
- To account for the impact of COVID-19, we include an adjustment for time since first COVID diagnosis in the risk adjustment model, broken into three categories:
  - 0-30 days
  - 30-60 days
  - 60+ days

# Updates to Patient Quality of Care Star Rating Methodology

# Updates to Star Rating Methodology



The October 2023 Patient Quality of Care Star Rating Release will include the following updates:

- Reset the Star Rating distribution
- Domain 1 measures will be risk-adjusted to reflect COVID-19 impact
- Down-weight of Domain 3 (Total Kt/V and Hypercalcemia)
- Addition of two transplant waitlist measures currently reported on Care Compare (PPPW and SWR)

These updates have been included in a dry run table in the February and May 2023 DFCC preview reports and only baseline year of CY 2021 data was used.

The October 2023 Release will report CY 2022 data with CY 2021 as the baseline.

# Updates to Star Rating Methodology (Cont.)



## **Reset of Star Rating Distribution**

- The Star Rating distribution will be reset to 10% 1-Star, 20% 2-Star, 40% 3-Star, 20% 4-Star, and 10% 5-Star facilities

## **Domain 1 Measures Will Be Risk-adjusted to Reflect COVID-19 Impact**

- Risk adjustment is done at the patient level for all Domain 1 measures (SMR, SHR, SRR, and STrR)
- More details can be found in the updated ESRD Measures Manual
- These additional risk adjustments do not substantively change the measure definitions

# Updates to Star Rating Methodology (Cont.)



## **Down-weight of Domain 3**

- Domain 3 of the Star Rating, which includes the Total Kt/V and Hypercalcemia measures, will be down-weighted to 50% of its original weight in the overall calculation of the Star Ratings
  - For example, for most facilities, Domain 3 will have a weight of 1/7 and all other domains will have a weight of 2/7

## **Inclusion of Transplant Waitlist Measures**

- Two transplant waitlist measures, Standardized Waitlisting Ratio (SWR) and Percentage of Prevalent Patients Waitlisted (PPPW), will be added
  - Based on factor analysis results, SWR and PPPW will be grouped into a new, separate 4th domain, which has equal weight to other domains (with exception of Domain 3)

# Updates to Star Rating Methodology (Cont.)



## **Inclusion of Transplant Waitlist Measures**

- With the addition of these two transplant waitlist measures, 2/3 of facilities did not experience a change in their Star Rating, while 1/3 experienced either an increase or decrease (approximately equally)
- The addition of transplant waitlist measures will provide additional quality information on an important aspect of ESRD care

# Summary

## **The October 2023 Star Rating Release update, using CY2022 data, will include:**

- Resetting of the Star Rating distribution
- Down-weighting of Domain 3 (Total Kt/V and Hypercalcemia)
- Addition of two transplant waitlist measures as a new domain
- Domain 1 measures (SMR, SHR, SRR, and STrR) will be risk-adjusted to reflect the impact of the COVID-19 pandemic



# Questions?

- ➔ For questions about DFCC, please email the UM-KECC helpdesk at [dialysisdata@umich.edu](mailto:dialysisdata@umich.edu)
- ➔ For questions about EQRS 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!**