

Dialysis Facility Data on Medicare.gov National Provider Call Transcript

June 29, 2023

Moderator: Hello everyone. Thank you for joining today's Dialysis Facility Care Compare on Medicare.gov National Provider Call. Next slide, please.

Our presenters today will be Golden Horton, technical lead for Dialysis Facility Care Compare on Medicare.gov at CMS; Amy Hendershott, project director for the ICH CAHPS Survey RTI International; and Dr. Stephanie Clark, the measures lead. Next slide, please.

Golden and Amy will begin today's presentation by covering upcoming October 2023 release of Dialysis Facility data. Golden will go into more detail about the new measures for October 2023 and Stephanie will then discuss updates to the star ratings and measure methodology. At the end of today's presentation, CMS will hold a Q and A session. We encourage you to use the Q and A box to submit your questions. Questions not answered during the webinar will be answered and posted, along with other materials from today's call on the CMS.gov ESRD General Information page in the coming weeks. Now I would like to introduce Golden Horton and Amy Hendershott, so Golden and Amy, you may begin.

Golden Horton: Thank you, Emily. Good afternoon. Thank you for joining today's call. We hope you find this information helpful as we go through today's agenda. Next slide, please.

So we will start off with the October 2023 release overview. Next slide, please.

So, with the October 2023 release, the following measures on Dialysis Facility Care Compare, also known as DFCC, will be updated with data from calendar year 2022. So this includes adults 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; phosphorus concentrations in the blood; adult patients who received treatment through an arteriovenous fistula; adult patients who receive, excuse me, adult patients who had a catheter left in the vein for at least three consecutive complete months for their regular hemodialysis treatments; measurement of nPCR for pediatric hemodialysis patient; patients who are on the kidney or kidney pancreas transplant waiting list; transplant waitlist within a year of dialysis initiation; prevention of bloodstream infections; emergency department encounters; and lastly, emergency department encounters within 30 days of hospitalization. In reference to the last bullet, we know that a lot of folks have an acquired reference to star ratings so the star ratings will also be updated with this release. More information on this update will be provided. I will now turn things over to Amy. She will discuss the In Center Hemodialysis survey, Consumer Assessment of Healthcare Providers and Systems, also known as ICH CAHPS. Amy?

Amy Hendershott: Thank you, Golden. Next slide, please.

With the October 2023 refresh, the following ICH CAHPS survey measures will be updated with data from the 2022 Spring and the 2022 Fall ICH CAHPS Surveys: kidney doctor's communication and caring composite; the quality of dialysis center care and operations composite; the providing information to patients composite; the ratings for kidney doctors, the dialysis center staff, and the dialysis center; and in addition, the Overall Star Rating of the ICH CAHPS Survey of Patients' Experiences will also be updated with this release. Next slide, please.

The ICH CAHPS Survey team, we do want to take just this opportunity to touch on survey response rates. We know that in order to increase the number of dialysis centers that have survey data reported on Care Compare, which we know is important to all, we need to keep doing what we can to increase survey response rates. Because of the nature of this population, many dialysis patients are being asked to complete the ICH CAHPS survey twice a year, but we want to emphasize that repeat participation is important in both allowing CMS to track changes in dialysis care over time, but it also helps more facilities reach that 30 completed surveys over two survey period threshold for their data to be publicly reported. On our end, to ease patient burden, CMS has field tested a shortened ICH CAHPS Survey as well as adding a web component to the ICH CAHPS Survey protocol. And CMS will soon be reviewing the analyses results from the mode experiment and field test. Next slide, please.

But we're also seeking provider help in helping to increase response rates. Some ideas on how to do this include showing patients the ICH CAHPS survey envelopes that their authorized vendor uses so they know what to look for in the mail, letting patients know what phone number they can expect a call from when their vendor calls to complete the survey over the phone, facilities are encouraged to use the official ICH CAHPS flier or poster in their facility, or they can create their own with approval from the ICH CAHPS coordination team in CMS. We have a new ICH CAHPS "Waiting Room FAQ" for facilities to use within their waiting rooms and it gives more information to patients about the survey. But also, we encourage providers just to remind patients of survey fundamentals such as the purpose of the study, the importance of patient participation, including repeat participation, the upcoming data collection schedule (when they can expect a mail survey or a telephone call), how survey results are published, and then any plans that a facility may have to improve patient care based on survey results. We encourage you all to help us with increasing the response rates for the ICH CAHPS Survey in an effort to increase public reporting of the data. Golden, I'll hand it back over to you.

Golden Horton: Thanks, Amy. Next slide, please.

So new measures for October 2023. Next slide, please.

So for October 2023 release, the two measures are being added to the Dialysis Facility Care Compare for the October 2023 release includes the standardized emergency department encounter ratio, the standardized ratio of emergency department encounters occurring within 30 days of hospital discharge for dialysis facilities. These measures were included in a dry run

table in the November 2022, February, and May 2023 DFCC preview reports. Next slide, please.

So on this slide we're going to go into a little detail in reference to the first measure, the standardized emergency department encounter ratio. This measure 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, excuse me, 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. The numerator is the observed number of outpatient emergency department encounters during the reporting period among eligible adult Medicare patients at a facility. And the denominator is 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 that facility. Next slide, please.

So next up, we have the standardized ratio of emergency department encounters occurring within 30 days of a hospital discharge for dialysis facilities. So with this measure, occurring within 30 days of hospital discharge for dialysis facilities (ED30) is defined to be the ratio of observed expected events. The numerator is the observed number of indexed discharges from acute care hospitals that are followed by outpatient emergency department encounter within 4-30 days after discharge for eligible adult Medicare dialysis patients treated at a particular dialysis facility. The-- the denominator, excuse me, is expected, 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. So again, we have broken down the 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, and the denominator, the expected number of index hospital discharges for eligible adult Medicare ESRD dialysis patients during the two-year period that they are followed by an emergency department encounter within 4-30 days of discharge among eligible patients at a facility. The expected value is the result of risk adjusted predictive model adjusted for the characteristics of the patients, the dialysis facility, and the discharging hospitals. Next up I will pass it along to Dr. Stephanie Clark to discuss the updates to measure methodology. Stephanie?

Stephanie Clark: Thank you so much, Golden. And as you said, next we'll talk about updates to the current measure methodology. Next slide, please.

With the October 2023 release, we've incorporated patient-level, time-limited risk adjustment for COVID-19 for several measures. These include the Standardized Mortality Ratio (or SMR), the Standardized Hospitalization Ratio (or SHR), the Standardized Readmission Ratio (or SRR), and the Standardized Transfusion Ratio (or STRR). These updates were included in dry run tables in the February and May 2023 DFCC preview reports. Next slide, please.

So now we'll go into a little bit of detail about each of these measures. The 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 the time since first inpatient COVID-19 diagnosis in the risk adjustment model, flagging increased risk of mortality for three months post-diagnosis. Next slide, please.

The 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 and that's broken into four categories. These include: zero to 30 days, 30-60 days, 60-180 days, and more than 180 days (and that is grouped with no COVID). Next slide, please.

The 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 characteristics of the discharging hospitals, 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. Next slide, please.

The STR 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. And these are zero to 30 days, 30-60 days, and more than 60 days. Next slide, please.

And next we'll talk about some updates to the Patient Quality of Care Star Rating methodology. Next slide, please.

The October 2023 Patient Quality of Care Star Rating Release will include the following updates: the Star Rating distribution will be reset, Domain 1 measures will be risk-adjusted to reflect COVID-19 impact, Domain 3 (which includes total Kt/V and hypercalcemia) will be down-weighted, and two transplant waitlist measures which are currently reported on Care Compare will be added. And these include the PPPW and the SWR. These updates were included in a dry run table in the February and May 2023 DFCC preview reports and baseline year-- excuse me, the baseline of calendar year 2021 data was used. The October 2023 release will report calendar year 2022 data, with calendar year 2021 as the baseline. Next slide, please.

So now we'll go into each of those changes in a little more detail, starting with the reset of the star rating distribution. The star rating distribution will be reset to the bottom 10 percent receiving one star, the bottom 20 percent receiving two stars, 40 percent receiving three stars,

the top 20 percent receiving four stars, and the top 10 percent receiving five stars. The second change is that Domain 1 measures will be risk-adjusted to reflect COVID-19 impact. The risk adjustment is done at the patient level for all Domain 1 measures, and these include the 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. Next slide, please.

The third update is the down-weighting of Domain 3. Domain 3 of the Star Ratings, which includes the total Kt/V and hypercalcemia measures will be down-weighted to 50 percent of its original weight in the overall calculation of the Star Ratings. For example, for most facilities, Domain 3 will have a weight of one-seventh and all other domains will have a weight of two-sevenths. The final update is the inclusion of transplant waitlist measures. Two transplant waitlist measures, the Standardized Waitlisting Ratio and the Percentage of Prevalent Patients Waitlisted, will be added. Based on factor analysis results, SWR and PPPW will be grouped into a new, separate fourth domain, and that fourth domain will have equal weight to other domains with the exception of Domain 3, as we just discussed. Next slide, please.

With the addition of these two transplant waitlist measures, two-thirds of facilities did not experience a change in their star rating, while one-third experienced either an increase or a decrease, approximately equally. The addition of transplant waitlist measures will provide additional quality information on an important aspect of ESRD care. Next slide, please.

So in summary, the October 2023 Star Rating Release update, using calendar year 2022 data, will include the resetting of the Star Rating distribution, the down-weighting of Domain 3, the addition of two transplant waitlist measures as a new fourth domain, and the risk adjustment of Domain 1 measures to reflect the impact of the COVID-19 pandemic. Next slide, please. And now I'll hand it back over to the team.

Moderator: Great, thank you, Stephanie. We're now going to start the Q&A portion of the webinar. As a reminder, you can ask questions using the Q&A box. Please note that CMS has colleagues on today from the University of Michigan Kidney Epidemiology Call Center and RTI to assist us with answering questions. Questions not answered during the webinar will be answered and posted with the other webinar materials on the CMS.gov ESRD General Information page after the webinar. We're now going to move into a few questions we received. The first one is: When will the Quality of Patient Care Star Ratings be updated on DFCC?

Golden Horton: Hi Emily, thank you. So the Star Ratings will be updated with the October 2023 release.

Moderator: Perfect, thank you, Golden. Another question: what updates will be made to the October 2023 Patient Quality of Care Star Rating release?

Golden Horton: Thanks, Emily. Great question because we did go over a lot of information today. So the following updates to the Star Ratings will be incorporated into the October 2023 release includes the reset, the star rating distribution, Domain 1 measures will be risk-adjusted to reflect COVID-19 impact, down-weight of Domain 3, and addition of two transplant waitlist measures currently reported on Care Compare, which includes the PPPW and SWR.

Moderator: Thank you, Golden. And then a more general question: What measures are being adjusted for COVID-19?

Golden Horton: Thanks Emily. Yeah, this is an important question, as we know the impacts of COVID-19. So with the October 2023 release we have incorporated patient-level, time-limited risk adjustment for COVID-19 for the following measures, which include Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, and lastly, Standardized Transfusion Ratio.

Moderator: Great, thank you for clarifying. Another question: What are the new measures being added to the DFCC October release?

Golden Horton: So the two measures that we discussed during this call include the standardized emergency department encounter ratio, the standardized ratio of emergency department encounters occurring within 30 days of hospital discharge for dialysis facilities.

Moderator: Perfect, thank you. Another question: When is the preview period for the October 2023 release?

Golden Horton: Yes, so great question. So the preview period is planned for July 15 through August 15, 2023.

Moderator: Wonderful, thank you for clarifying. We have a few more questions coming in so I'll just read them as they come in. First question: Why did these measures not align with ESRD QIP measures?

Golden Horton: So I'll take a stab at answering this one and then I can let my colleagues over at UM-KECC. The ESRD QIP and the Dialysis Facility Care Compare are continuing to look at opportunities to align. We have heard that from the stakeholders, for ease of understanding, so we have heard you and we are again looking at areas of alignment. So while the Quality of Clinical Care Star Ratings and the QIP both provide information about quality performance, the programs have different objectives. So the Star Ratings provide a summary of performance information for patients and other consumers to allow comparison of dialysis facilities based on current national level, excuse me, performance data, and on the other hand the QIP is a value-based purchasing program that incentivizes achievement and improvement by linking quality scores to payment. But again, we are looking at aligning. We're continuing to reach out. We're going to have some listening sessions in reference to that, in reference to the ideas of how we can continue to align.

Moderator: Very helpful, thank you, Golden. Another question: It was stated that the Quality Star Ratings based on 2022 data would be released. Will the Quality Star Rating data for calendar year 2021 be publicly released?

Golden Horton: So I am going to defer to my folks over at the UM-KECC to chime in on this one.

Joe Messana: Good afternoon, Golden. This is Joe Messana, from the University of Michigan. Our recommendation to CMS was that the two thousand, calendar year 2021 Star Ratings not be publicly released. They were used in a dry run, and I believe the person who asked the question is aware of that.

And because they included data from 2021, calendar year 2021, where the COVID pandemic was still quite in play, and because they were going to be used as the baseline, the decision was made that it would be easiest and least confusing to begin with the calendar year 2022 data for public release.

Moderator: Thank you, Joe. Moving on to the next question: Where is the data for these new measures coming from?

Golden Horton: Thanks, Emily. I'm going to defer this one over to UM-KECC as well.

Joe Messana: Okay, thank you, Golden. So the new measures I believe the questioner is referring to the emergency department measures, and we use all of our usual sources for any of our standardized measures for those. But principally, events are occurring, or identified from Medicare claims data for outpatient or non-admission associated emergency department events, and the remaining information regarding assignment of patients to facilities and whatnot uses our usual techniques, which have been published in the Measures Manual and rely on CrownWeb and now EQRS data claims and other federal administrative databases.

Moderator: Great, thank you, Joe, for that answer. Last question that we have right now is: Do you anticipate any measures being added or removed in the clinical star rating in future year releases?

Golden Horton: Hi Emily, I'll take this one. We're always continuing to look at the program in reference to needs, in reference to what is good for the community and the stakeholders and patients as well, in reference to quality of care. So, we will get back to you all, just please stay tuned in reference to this, but no definitive answer at this time.

Moderator: Great, thank you, Golden. Alright, it looks like we don't have any more questions coming in at the moment. We can give it a few more seconds just to make sure everyone gets their questions typed in who would like an answer. So we'll give it a few seconds and then jump back in.

Alright, we do have one more question come through: Is CMS partnering with or recommending any value-based care software companies that could help healthcare settings tackle closing measures?

Golden Horton: Great, innovative question. We'll get back to you in reference to that response. But great question.

Moderator: Great, thank you. Yes, as a reminder, some of these answers to these questions will be posted on the ESRD General Information webpage in the coming weeks, along with the slide deck. I'm not seeing any other questions come through, so Golden, I will hand it back to you to close out today's presentation.

Golden Horton: Thank you, Emily. Just wanted to say thank you all for joining today's call, we appreciate your feedback and your questions that assist us in moving forward in our programs. We have the link for the questions slide in reference to if you have any other questions or need any further information, please don't hesitate to reach out to us. With that being said, again, thank you for joining us today.

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