



## June 20, 2018, Dialysis Facility Compare National Provider Call Questions and Answers

The questions below were received during the June 20 Dialysis Facility Compare National Provider Call. Questions were submitted to the Centers for Medicare & Medicaid Services (CMS) via the chat box and answered either over the phone during the webinar or subsequent to the webinar by CMS subject matter experts, as part of the question and answer commitment for the remaining submitted questions not answered during the webinar.

Question: For units with less than 30 patients that are not required to do the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey, where will their Star Rating for the survey come from?

Response: If they're not participating, they simply will not have a Star Rating or any results on the Dialysis Facility Compare (DFC) website.

Question: Why are survey vendors not permitted to share results if they have less than 11 responses on ICH CAHPS? I realize it would not be reported to CMS but the facility could still use the results for internal improvement.

Response: Surveys results with fewer than 11 respondents are masked so that sample members cannot be identified and so that the responses remain confidential.

Question: When do you anticipate pediatric facilities may have to complete the ICH CAHPS and report it?

Response: We do not currently not have a timeline for that.

Question: My understanding of DFC and Star Ratings is to provide a higher level of transparency for Medicare beneficiaries. How does reporting ICH CAHPS scores one way and then having this complicated Star Ratings for the scores help to meet that goal? Tell me how this supports our patients with this level of complexity?

Response: The reason that we have a different calculation for the Star Ratings than we have for the DFC presentation on Compare is that for Compare, we wanted to present numbers that are very easy to understand, and we thought that the top box, meaning the percentage of patients who gave the most favorable response, would be very easy for everybody to understand when they looked at percentages. The Star Ratings, on the other hand, we wanted to use the full range of data. If you would only use the top box, then people are either in the top box, or they aren't. Here, with using the more complex system, we take into account the full range of data that we can then enter into our statistical program to generate the five stars. Also, we are hoping that these will make these stars more reliable and more valid for people to use.



Question: Over 90% of our patients are from nursing homes. How we are getting a Star Rating with ICH CAHPS results?

Response: That's an interesting question, and it would have to do with sampling. There's a wide range of facilities out there at the national level. The patients that are getting surveyed have to meet a certain eligibility criteria. Depending on the mix of patients that you have within a given facility, it could be that not everyone gets surveyed. One criterion for ICH CAHPS eligibility is that a patient does not reside in a skilled nursing home. If the vendor finds this out, the person will be coded as ineligible.

Question: I heard a presenter say something to the effect that patients want to know we use the responses provided in their answers to CAHPS. May the facility use a bulletin board or other method to close the loop with patients to communicate action taken to address findings from ICH CAHPS - such as using "you said...we did xyz" May the facility follow up to ask "How are we doing now?"

Response: Yes. The facility may post the findings from ICH CAHPS. They are publicly available. You may also discuss what you did in response. What we do not want you to do is to ask the patients to provide any specific answers to the items on the questionnaire. We also do not want you to try to influence their answers in any way.

Question: For the ICH CAHPS survey being sent to patient mailing address, we've encountered patients who do not submit the survey maybe because of the language difference and the survey is not allowed into the facility, what can be another way we can work with that?

Response: Sample patients are permitted to ask family members or friends to assist them with completing the survey. We ask that they do not ask staff at the facility to assist, as it may affect their true answers and opinions. If there is a language barrier, the vendor may offer the survey in the language they need (currently available in English, Spanish, Simplified and Traditional Chinese, and Samoan).

Question: Is it the fault of the facility if the ICH CAHPS rating is low?

Response: We suggest that facilities review survey results carefully and determine whether there is anything they can or should do to improve patients' experiences at their center.

Question: In the ICH CAHPS survey, how valid are individual questions, overall ratings, and composite scores percentages when the number of respondents is low? For example, will the results still be used in the Star Rating if only 3 patients answer a question?

Response: Thirty or more responses across two survey periods are required for a facility to have data publicly reported on the DFC. Facilities with fewer responses are not publicly reported.



Question: If a facility has an attestation due to low volume of patients and does not participate in ICH CAHPS, how do they get the Star Rating?

Response: If a facility has a low patient volume, then they wouldn't receive a CAHPS Star Rating, at least on the survey side, because they have 30 or fewer respondents.

Question: With the focus on increasing use of home modalities, when will there be CAHPS for home peritoneal dialysis? This voice is very important and not currently captured.

Response: CMS is looking at that now. We don't have a specific timeframe, but we are actively interested in this, talking to the community about it, and working on it among ourselves.

Question: The ICH CAHPS survey is too long. Has CMS considered making it less time consuming? This is the #1 reason we are told the patients do not want to take the survey.

Response: Analyses to determine if the survey can be shortened are underway. However, this is a complicated effort due to the composites.

Question: Does CMS plan to provide resources to help providers address concerns identified by the ICH CAHPS? I see resources on the web for the Hospital CAHPS but nothing for ESRD.

Response: CMS does not have current plans to do this, but will look into the possibility of providing similar resources to those for Hospital CAHPS.

Question: Will the way CAHPS is incorporated into QIP change with the move to ICH CAHPS Star Ratings/linearization of the scores?

Response: The weight of the measure will be changing in future payment years.

Question: Would CMS ever be willing to work with the dialysis community to create a better CAHPS survey that is shorter and less burdensome to the patients and truly reflects the patient engagement and quality of care being delivered at the facility?

Response: Yes. We are working now on alternatives relating to the survey length.

Question: How does Star Rating effect an Independent peritoneal dialysis clinic only?

Response: A facility that solely serves peritoneal patients would not have any eligible sample members. Thus, they would not have any publicly reported data. Some facilities do serve a mix of patients (eligible & ineligible). For those facilities that have at least 30 respondents, the results are only generalizable to that facility's eligible population--those patients receiving in-center hemodialysis.



Question: Will pediatric programs have a Star Rating in the future? With our small patient populations, we don't get scores on the DFC or a Star Rating. The report we must display is basically blank.

Response: In general, dialysis facilities with less than eleven patients (or other minimum eligible events or patient years depending on the measure) are automatically suppressed for that measure in order to provide statistically reliable measure values and to comply with reporting rules governing potentially identifiable information on patients arising out of small cell sizes. Pediatric-only dialysis facilities are a special case because some of the DFC measures exclude pediatric patients (vascular access measures; hypercalcemia; and standard transfusion ratio). Based on the methodology, peritoneal dialysis-only facilities are not scored for the vascular access domain but they are still scored on the remaining domains. Therefore, pediatric peritoneal dialysis-facilities would potentially be eligible to be scored and receive a Star Rating if they had enough eligible patients/events for the other two domains.

We also note that the report displayed in your facility is your QIP Performance Score Certificate, which does not display a Star Rating.

Question: Are acute kidney injury non-ESRD patients included in any measures? If so, what measures are most germane in reflecting their quality of care?

Response: The measures only include ESRD patients. So, they do not include acute kidney injury patients. We are looking at ways to find specific measures that reflect the differences between acute kidney injury and ESRD patients to monitor their quality of care, but as of right now, the DFC only includes ESRD patients.

Question: Why aren't National Health Safety Network Infection Measures included in QIP?

Response: QIP does include an National Health Safety Network bloodstream infection measure. It was introduced in Payment Year 2017.

Question: The CMS ESRD Measures Manual is dated 2016, will this manual be updated since there have been changes to several measures?

Response: The updated measures manual has been posted and is available in the download section at the following link: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06\\_MeasuringQuality.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality.html)

Question: How is the Percentage of Prevalent Patients Waitlisted (PPPW) calculated for patients that go on and off the waitlist due to factors such as BMI, cancer, etc.?

Response: Patient-months at risk:

PPPW includes all patient-months for patients who are under the age of 75 on the last day of the reporting month and who are assigned to the dialysis facility according to each patient's treatment



history as of the last day of each month during the reporting period. A patient could be counted up to 12 times per year. The following patients or patient-months were excluded from the analysis:

1. Patient months that the patients were admitted to a skilled nursing facility (SNF) during the month of evaluation according to CMS Long Term Care Minimum Data Set (MDS) file.
2. Patients who were admitted to a SNF previously, according to the CMS Medical Evidence Form.
3. Active hospice patients during the months of evaluation based on Medicare final action claims data.

The total waitlisted months:

This counts the patient-months in which the patients at a given facility are on the kidney or kidney-pancreas transplant waitlist as of the last day of each month during the reporting period.

For the patients who go on and off the kidney or kidney-pancreas transplant waitlist, the waitlisted months are not necessarily consecutive. Patient-months are considered as waitlisted as long as the patients at a given facility stay on the kidney or kidney-pancreas transplant waitlist as of the last day of the reporting months.

Please see the Quarterly Dialysis Facility Compare New Measures Guide, which will be up on DialysisData.org on July 15th, for more detailed information.

Question: Can you explain a little more on how the DFC preview period will work this year?

Response: The preview period occurs quarterly for Dialysis Facility Compare. The next one coming up will start on July 15th. It's a month-long preview period. You will be able to log onto DialysisData.org to view your report starting on July 15th. During that time, you can submit questions and comments to the help desk. You can also request lists of patients included in the calculations for the measure and submit suppression requests if that's something you want to do, as well.

Question: What is the timeline for including the transplant measures in Five-Star? Is the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) incorporating feedback that was provided by the community?

Response: As of now, there is no plan to include the transplant measures in the 5-Star Ratings. If we do do that, they would be previewed to facilities prior to that happening. And typically we have not added measures to the Star Ratings until after at least a year of public reporting.

Question: How do patients obtain a survey? Are these surveys only for Medicare patients?

Response: CMS creates the sample for each survey period based on CROWNWeb data, which is updated by facilities monthly. More about the eligibility criteria can be found on the [www.ichcahps.org](http://www.ichcahps.org) website.

Question: Did you hear from the patient community about survey burnout?

Response: Yes, we did. And we are concerned about survey burnout. We've been thinking about things that we can do about it. It is a serious problem. It is particularly true because this is a chronic condition.



Take one of the other CAHPS surveys, for example: hospitals. Well, you do a hospital survey this month. Next month, they're a different patient. Next month after that, different patient. That's not true here. Here you have a lot of the same patients over and over and over. Now, one of the things we thought about doing is just doing a survey once a year. Well, if you do it once a year, and everybody knows it's going to be done at this time of the year, then it is possible -- and I'm not saying this would happen -- but it is possible that facilities would change their behavior to improve their survey score right before the survey occurred. On the other hand, if you try to do too much a year -- we were originally thinking this would happen maybe every month -- you're just completely ruining it because it's just too much. So, right now what we're doing is twice a year. We have had response saying it's too much, and we are looking at varieties of ways to handle it, and it is an ongoing issue for us.

As I said, we just recently did three focus groups, in addition to the very large focus group last year. And then I just presented and had the wonderful opportunity at the American Association of Kidney Patients national meeting to meet with patients over a 3-day period, and one of the things we talked about was information sharing and surveys and things like that. And the general feeling from the patients is they don't mind filling out a survey as long as they know what we're doing with information. They do not want to complete a survey, whether it's for DFC, whether it's for a restaurant or anybody, if they think that it falls into the black hole. They want to be given the opportunity to give true, valid feedback so that it's not slanted. As one of the patients said to me, "Your concept of what's going on and my concept of what's going on sitting in that chair three days a week could be really different. So, I don't mind filling something out, but I want to be sure that you're reading it and that you're using it and that things are changing." And I think that means we continue to reach out and talk to people and say, "Okay, when is too much too much? What is a way that we can make it easier for you and still hear from you?" So, it is an ongoing thing that CMS is looking at.

We've done a nonresponse analysis, and our results mirror exactly what we're talking about. The surprising thing that came out of that is that the group that is most likely to continue responding or to fill out the survey are those that have responded previously. We were expecting to see some type of burnout effect, but if somebody has responded to the survey once, they are highly likely, more than any other demographic characteristic, to respond again in future surveys.

Question: Why are there 2 surveys per year for in-center hemodialysis patients -- our patients here say, I just did that a few months ago -- and then won't do it.

Response: We do two surveys a year in order to capture new patients as they start in-center hemodialysis. In addition, we want to measure changes in patient experience during the year, rather than only at one point in time.

Question: Is 30 survey responses enough to draw a valid conclusion about patient satisfaction? Why not use a minimum percentage of responses? Does public report indicate that what the percentage of responses is? Wouldn't it be better to say that unless 50% (or pick a number) of patients reply, we do not consider the data representative? Wouldn't that minimize the problem with varying clinic sizes?

Response: Thirty responses is considered to be the minimum threshold for providing useful data. Many factors went into this decision for finding an ideal balance point. We would like to report on as many facilities as possible. Since the median number of eligible patients is approximately 50, the threshold



cannot be set too high or many facilities will not have enough respondents to generate results. Response rates are shown under "Survey of Patients' Experiences" -> "View More Details".

Question: Many of my patients complain about the length of the survey. How/where can they express their concerns? Could we see a decrease in questions in the future?

Response: CMS is aware that some survey patients are not happy with the length of the survey. Analyses to determine if the survey can be shortened are underway. However, this is a complicated effort due to the composites.

Question: Is facility peer grouping used? Or are all dialysis centers considered to be similar?

Response: Peer grouping is not used for ICH CAHPS. Rather, patient mix adjustment is used to make results comparable between facilities

Question: Can you clarify how we request patient lists?

Response: Facilities can request patient lists through DialysisData.org when they're logged in during the preview period under the "comments" tab.

Question: Will you show the path on the website to retrieve the latest reports? I looked yesterday and there were only the old reports. Thank you.

Response: If they're looking for the new preview-period reports, they should check back on July 15th. If that's not the reports they were talking about, the other thing is that they can look for the methodology reports from DialysisData.org under the "measures" tab.

Question: Please outline how you handle patients' non-response on each of 1. an item level, or 2. survey level. I am not sure what part(s) of DialysisData.org cover these details.

Response: Data are only reported for the items for which there is a response. No imputations are conducted, nor are patient weights constructed.

Question: Is the non-response analysis mentioned in the presentation written up and posted on DialysisData.org?

Response: The non-response analysis mentioned on the call is exploratory. However, the analysis is being finalized using the latest data and a report will be released later this year.



Question: When will the patient data related to the transfusion be available for us to review?

Response: The patient data related to transfusion will be available to request during the upcoming DFC Preview Period from July 15, 2018 to August 15, 2018. You may submit a patient list request through the secure portion of DialysisData.org during this period.

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