

# TECHNICAL EXPERT PANEL CHARTER

**Project Title:** End Stage Renal Disease (ESRD) Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP)

**TEP Nomination Period:**

March 6, 2019 - April 5, 2019

**Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to act as quality measure developer and DFC technical content support contractor, under the *Kidney Disease Quality Measure Development, Maintenance, and Support* contract. The contract number is 75FCMC18D0041, task order number 75FCMC18F0001. As part of this contract, UM-KECC convenes technical expert panels (TEPs) to provide valued consumer and provider input for both quality measure development and the Dialysis Facility Compare (DFC) Quality of Patient Care Star Rating (DFC Star Rating). This TEP Charter has been developed in response to CMS' request for TEP recommendations related to options for resetting the DFC Star Rating baseline distribution. We are seeking interest from individuals with relevant experience, expertise, and a variety of perspectives to serve on this TEP, including patients.

A DFC Star Rating TEP was first convened in 2015 to review the original star rating methodology and presentation of the DFC Star Ratings on the DFC website. The 2015 TEP provided several recommendations that were implemented in the updated DFC Star Rating methodology released in October 2016. A second TEP was convened in 2017. TEP members provided recommendations on candidate measures proposed for inclusion in the DFC Star Ratings. See the respective 2015 and 2017 DFC Star Rating TEP reports for a summary of the deliberations and TEP recommendations. These are available at <https://dialysisdata.org/content/esrd-measures>.

CMS developed the DFC Star Rating to help health care consumers (including patients and caregivers) understand CMS quality measures and more easily identify differences in overall quality when selecting dialysis facilities, as part of CMS' broader initiative for all of the Medicare Compare sites to make quality information more accessible to patients, caregivers, providers and policymakers.

The Medicare DFC website displays two star ratings: (1) the Quality of Patient Care Star Rating (DFC Star Rating) and (2) the Survey of Patients' Experiences Star Ratings. Eleven of the DFC Quality Measures currently reported on the Medicare DFC website are used to calculate the Quality of Patient Care Star Rating (DFC Star Rating). Six In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey Measures are used to calculate the separate Survey of Patients' Experiences Star Ratings. The Survey of Patients' Experiences Star Ratings will not be covered as a discussion topic during this TEP.

This TEP will be expected to review and provide input on options for resetting the DFC Star Ratings. This is in anticipation of the need to recalibrate the DFC Star Ratings distribution in the near future to optimize the utility of the DFC Star Ratings for patients and other consumers. Recent observed trends in national performance demonstrate progressive shifts in the DFC Star Rating results over the last three years. This may obscure underlying performance differences if many facilities become concentrated at one end of the distribution. As background, prior DFC Star Rating TEPs (referenced above) identified a strong consumer interest in the ability to follow trends in dialysis facility performance over time. In addition, TEP discussions have considered how a reporting approach, that reported longitudinal facility performance trends, could be reset from time to time if the star rating system lost the ability to show meaningful differences over the range of facility performance.

The TEP will be expected to represent a diversity of perspectives and backgrounds. Members will be selected based on their personal experience as patients, caregivers and providers, or based on

methodological expertise. Given that the audience for the DFC Star Ratings is primarily patients, the TEP will have ample representation from patients and patient advocates.

We anticipate that the in-person meeting will take place over one day. There will also be additional pre- and follow-up teleconference calls. TEP members are expected to attend all meetings.

**Project Objectives:**

The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), through its contract with the Centers for Medicare and Medicaid Services (CMS), will convene a technical expert panel to obtain recommendations on options for resetting DFC Star Ratings distribution. Input from the TEP will inform the development of a methodology for resetting the DFC Star Ratings distribution. The final methodology developed is intended to ensure that the DFC Star Ratings to continue to be informative by reflecting meaningful performance differences among facilities.

**TEP Objectives:**

The 2019 Star Rating TEP will:

1. Provide recommendations on options for resetting the DFC Star Ratings. The TEP recommendations will be used to inform the development of a methodology for resetting the DFC Star Ratings distribution. The final methodology developed is intended to allow the DFC Star Ratings to continue to reflect meaningful performance differences among facilities.

The task listed above is the only discussion topic for this TEP.

**Scope of Responsibilities:**

The role of each TEP member is to provide advisory input to UM-KECC.

*Role of UM-KECC:* As the CMS measure development contractor, UM-KECC has a responsibility to support the development and implementation of ESRD quality measures for public reporting, and the development and implementation of the DFC Star Rating methodology. The UM-KECC moderators will work with the TEP chair(s) to ensure the TEP meeting discussions are focused. During discussions, UM-KECC moderators may 1) advise the TEP and chair(s) on the needs and requirements of the CMS contract and the timeline, and 2) provide specific guidance and criteria that must be met with respect to CMS requirements.

*Role of TEP chair(s):* Prior to the in-person TEP meeting, one or two TEP members are designated as the chair(s) by UM-KECC and CMS. The TEP chair(s) are responsible, in partnership with the moderator, for directing the TEP to meet the objectives of the TEP.

*Duties and Role of TEP members:* As defined by CMS in the Measure Management System Blueprint, TEPs are advisory to the measure contractor. In this advisory role, the primary duty of the TEP is to review the TEP supporting materials, and provide recommendations to UM-KECC regarding the resetting of the DFC Star Ratings Distribution.

In May and June 2019, TEP members will be expected to attend pre-TEP conference calls as necessary; and attend a one-day in-person meeting that will take place in June 2019 (date to be finalized at a later date) in Baltimore, MD; and attend additional follow-up teleconference meeting and provide follow-up written feedback and comments as needed (via e-mail).

The TEP will review, edit and adopt a final charter at the first teleconference. The first teleconference will focus on the overall tasks and goals/objectives of the TEP.

During the in-person meeting, the TEP will review the considerations around resetting the DFC Star Ratings distribution and provide recommendations on how to reset the baseline distribution. The key deliverable of

the TEP in-person meeting includes a summary report documenting the discussions and proposed recommendations that are made during the in-person meeting.

At the end of the in-person meeting the TEP chair(s) and TEP members will present proposed recommendations. Subsequent to the in-person meeting, the TEP chair(s) will have additional contact with UM-KECC moderators to work through further discussion of the proposed recommendations. After the in-person meeting, approximately between June 2019 and August 2019, TEP members will be asked to review and provide input on a summary report of the TEP meeting discussions and other necessary supporting documents.

### **Guiding Principles:**

Potential TEP members must be aware that:

- Participation on the Technical Expert Panel is voluntary
- Discussion will be recorded during the in-person meeting and tele-conferences
- Proceedings of the in-person meeting will be summarized in a report that is disclosed to the general public
- Patient TEP participants can keep their names confidential, if they elect to do so. Patient TEP participants may elect to remain anonymous in all TEP proceedings. They should notify UM-KECC if they choose to have their names omitted from the TEP roster, in-person meetings, and all meeting minutes.
- If a TEP member has chosen to disclose private, personal data, that material and those communications are not covered by patient-provider confidentiality
- All questions about confidentiality will be answered by the TEP organizers
- All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP
- All potential TEP members must commit to the expected time frame outlined for the TEP
- All issues included in the TEP summary report will be voted on by the TEP members
- The TEP summary report will include the results of TEP votes taken for specific recommendations
- Numerical voting results and written opinions of the TEP members will be included, if requested

### **Estimated Number and Frequency of Meetings:**

- TEP members should expect to attend one or two 2-hour teleconference calls prior to the in-person meeting
- The in-person meeting will be held for one-day in June 2019 in Baltimore, MD. The exact meeting date will be finalized after the call for nominations period
- After the in-person meeting, additional conference calls (2 – 5 calls) may be needed

**Date Approved by TEP: TBD**

**TEP Membership: TBD**