

Guide to the Quarterly Dialysis Facility Care Compare – Preview Report for April 2022 Refresh

Overview, Methodology, and Interpretation

February 2022

Guide to the Modified Measures Table for the Quarterly Dialysis Facility Care Compare Report
February 2022

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I. Purpose of this Guide and the Quarterly Dialysis Facility Care Compare Reports

This guide explains in detail the contents of the Quarterly Dialysis Facility Care Compare (QDFCC) on Medicare.gov reports that were prepared for each dialysis facility under contract to the Centers for Medicare & Medicaid Services (CMS). Included here are the reports' objectives, discussions of methodological issues relevant to particular sections of each report, and descriptions of each data summary.

The QDFCC report provides facilities with advance notice of their updated quality measures that will be reported on Dialysis Facility Care Compare (DFCC) on Medicare.gov, allowing dialysis patients to review and compare characteristics and quality information on dialysis facilities in the state and nation.

We welcome your participation and feedback concerning the clarity, utility, limitations, and accuracy of this report. You will find information on how to directly provide feedback to us at the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) in Section V.

II. Overview

The University of Michigan Kidney Epidemiology and Cost Center has produced the QDFCC reports with funding from CMS. Each facility's report is available to the facility on the secure Dialysis Reports website (www.DialysisData.org).

This quarter we provided reports for more than 7,800 Medicare-approved dialysis facilities in the United States. The report contains two tables for the ICH CAHPS (In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems) patient experience of care. We did not create reports for transplant-only facilities or U.S. Department of Veterans Affairs (VA)-only facilities.

This guide discusses the meaning of the ICH CAHPS summary each report provides, and describes the methodology used to calculate the summary (Section III). Section III is organized according to the order of the summaries in the QDFCC report, and may serve as a reference for measure interpretation. Sections IV and V provide additional information regarding the Preview Period process. Since in many cases, understanding the content of a particular section requires you to understand the issues presented in the previous section, we recommend that you review the sections in order.

The first page of the QDFCC report provides the purpose and overview of the report, the new activities of this quarter, and how to submit comments. On page 2, the report includes a preview table containing the ICH CAHPS Survey of Patients' Experiences measures and star ratings.

On pages 3 and 4, each row of a table in the report summarizes a data element. One column reports the data of your facility for the reporting period, and in most cases, two columns are included to

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report the corresponding geographical summaries, including averages for your facility's state and the entire nation.

The quality measures and Quality of Patient Care Star Rating have not been reported this quarter. Only the ICH CAHPS Survey of Patients' Experiences measures and star ratings have been updated, using 2020 fall and 2021 spring data.

III. PATIENT EXPERIENCE OF CARE BASED ON ICH CAHPS SURVEY 10/16/2020 – 01/08/2021 AND 04/16/2021 – 07/09/2021

The ICH CAHPS Survey is intended to measure in-center hemodialysis patients' perspectives on the care they receive at dialysis facilities. The survey is administered twice a year (once in the spring and once in the fall). It contains a total of 62 questions. Questions were chosen to reflect aspects of the in-center dialysis experience that are important to patients. Table 1 reports the results for three rating measures and three multi-item or "composite" measures. The data include the two most recent semi-annual surveys. The measures reported in Table 1 have been developed and calculated by RTI. A copy of the questionnaire can be found on the ICH CAHPS Survey web site, <https://ichcahps.org>.

The ICH CAHPS Survey of Patients' Experiences Overall Star Rating will be calculated and reported as a separate Star Rating from the Quality of Patient Care Star Rating. Current measure specifications are available at:

<https://ichcahps.org/Survey-and-Protocols.aspx>

The ICH CAHPS Star Rating Technical Notes are available at:

https://ichcahps.org/ICHCAHPS_Star_Rating_Methodology_Report_Q21.docx

Which patients are included?

Dialysis facility patients are eligible to participate if they meet the following criteria:

- 18 years or older on the last day of the sampling window for the semiannual survey;
- Still living as of the last day of the sampling window for the semiannual survey;
- Received in-center hemodialysis on an outpatient basis from their current facility for three months or longer; not currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail.

The ICH CAHPS survey is administered either to a random sample of adult patients or to all patients at each dialysis facility, depending upon the total number of patients at the facility. Only patients who get in-center hemodialysis can participate in the survey; home or peritoneal dialysis patients are excluded from the survey.

How are scores calculated?

The rating scores are based on single items in the survey, each of which has a response set from 0 to 10. Scores are calculated based on the proportion of patients that answered with the two most

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favorable responses, “9” or “10”, two middle favorable responses “7” or “8” and seven least favorable responses “0-6”. These results are publicly reported at the level of the dialysis facility.

The calculation for the composite scores is more complex. The scores for a facility are the average of the proportion of respondents who provided the most favorable (top box), least favorable (bottom box) or mid-range responses to each question included in each composite. The responses that are coded as the most favorable, least favorable, and mid-range will vary by question.

Number of Completed Surveys (1a)

The number of completed surveys from patients at the facility who met the inclusion criteria detailed above. Patients are assigned to the facility based on information in CROWNWeb. If the data in CROWNWeb show that a patient only visited one in-center hemodialysis facility during the sampling window, the patient is assigned to that facility. Patients who had visits to more than one facility during the sampling window are assigned to a facility using a variety of rules which take into account the number of visits the individual made to each facility and consider whether the facility is in the same state as the state in which the respondent lives.

Response Rate (1b)

The proportion of patients who completed the survey (1a) out of those who were offered the survey.

Percent of Patients reporting- Nephrologists' communication and caring (1c)

The proportion of patients who provided the most [middle or least] favorable responses to questions included in this composite measure are shown in the Always [Sometimes or Never, respectively] category. The scores for a facility are the average of the proportion of respondents who provided the most [middle or least] favorable responses to each question included in each composite (survey questions 3, 4, 5, 6, 7, 9).

Percent of Patients reporting- Quality of dialysis center care and operations (1d)

The proportion of patients who provided the most [middle or least] favorable responses to questions included in this composite measure are shown in the Always [Sometimes or Never, respectively] category. The scores for a facility are the average of the proportion of respondents who provided the most [middle or least] favorable responses to each question included in each composite (survey questions 10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 24, 25, 26, 27, 33, 34, 43).

Percent of Patients reporting- Providing information to patients (1e)

The proportion of patients who provided the most [least] favorable responses to questions included in this composite measure are shown in the Yes [No] category. The scores for a facility are the average of the proportion of respondents who provided the most [least] favorable responses to each question included in each composite (survey questions 19, 28, 29, 30).

Percent of Patients reporting- Rating of the nephrologist (1f)

The proportion of patients who provided the most (9 or 10) [middle (7 or 8) or least (0-6)] favorable response to question 8 on the survey receive a measure rating of Always [Sometimes or Never, respectively].

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Percent of Patients reporting- Rating of the dialysis center staff (1g)

The proportion of patients who provided the most (9 or 10) [middle (7 or 8) or least (0-6)] favorable response to question 32 on the survey receive a measure rating of Always [Sometimes or Never, respectively].

Percent of Patients reporting- Rating of the dialysis facility (1h)

The proportion of patients who provided the most (9 or 10) [middle (7 or 8) or least (0-6)] favorable response to question 35 on the survey receive a measure rating of Always [Sometimes or Never, respectively].

Overall Star Rating (1i)

The Overall Star Rating for ICH CAHPS Survey of Patients' Experiences calculated as a separate star rating from the Quality of Patient Care Star Rating (1i). Current measure specifications are available at: <https://ichcahps.org/Survey-and-Protocols.aspx>. The ICH CAHPS Star Rating Technical Notes are available at:

https://ichcahps.org/ICHCAHPS_Star_Rating_Methodology_Report_Q21.docx.

IV. Dialysis Facility Care Compare Preview

The measures included in the Preview Table will be reported on the DFCC website . Please refer to section V for more information on how to submit comments. Dialysis facilities may submit comments to CMS during the comment period and throughout the year to UM-KECC on the measures included in this report by logging on to the secure section of www.DialysisData.org.

V. Please Give Us Your Comments

We welcome questions or comments about this report's content. Comments can be submitted via www.DialysisData.org February 1, 2022 - February 15, 2022. If you have questions after the comment period is closed, please contact UM-KECC directly using the contact information provided below. Please include your contact information and the facility's CMS certification number (CCN).

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