

**Project Title:**

Dialysis Facility Compare Measures

**Dates:**

- The Call for Public Comment was announced on October 7, 2015. Individuals could submit comments from October 7, 2015 thru December 4, 2015.
- The Public Comment Summary was posted on January 15, 2016.

**Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) calculate clinical measures and support a Preview Period for measures that will be displayed on Dialysis Facility Compare (DFC). The contract name is ESRD Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-130171.

**Project Objectives:**

CMS requested Public Comment on the inclusion of additional measures to DFC measures in order to:

- Increase transparency in the process and selection criteria
- Allow for increased input from the community on candidate measures
- Increase opportunity for the inclusion of externally developed measures on DFC

Four measures were presented for possible inclusion on the October 7, 2015, National Provider Call. These measures included:

- Bloodstream Infection in Hemodialysis Outpatients (NQF #1460)
- CAHPS (Consumer Assessment of Healthcare Providers) In-Center Hemodialysis Survey (NQF #0258)
- Ultrafiltration rate greater than 13 ml/kg/hr
- Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V (NQF #2706)

**Information About the Comments Received:**

- Public comments were solicited by CMS during a National Provider Call on October 7, 2015.
- Nine responses were received on this topic.

## Overall Analysis of the Comments and Recommendations

### NHSN

#### Comment Summary:

The National Healthcare Safety Network (NHSN) Bloodstream Infection Measure (NQF #1460) was suggested for inclusion during the National Provider Call in October 2015. Comments regarding the inclusion of the measure were received from the American Kidney Fund, DaVita, Dialysis Patients Citizens, Kidney Care Council, Kidney Care Partners, and a health educator. The measure received support from all commenters. Some commenters requested that the measure implemented on DFC not include the Adjusted Ranking Metric and that the measure be reported as a rate rather than a ratio. One commenter additionally requested that CDC release the Standardized Infection Ratio distribution. Another commenter requested CMS ensure that the SIR not be reported for facilities with fewer than 11 patients.

#### Response:

CMS intends to continue with implementation of the NHSN Bloodstream Infection Measure Dialysis Facility Compare without including the Adjusted Ranking Metric. This is consistent with the version endorsed by NQF as well as with the implementation in the QIP. CMS will work with the measure developer to discuss the possibility of reporting the measure as a rate in addition to reporting as a ratio. Additionally, CMS will forward the request to publish the SIR distribution and identification of facilities with fewer than 11 patients, to the CDC.

### ICH-CAHPS

#### Comment Summary:

The In-Center Hemodialysis CAHPS measure was suggested for inclusion on Dialysis Facility Compare during the National Provider Call in October 2015. Comments regarding the inclusion of the measure were received from the American Kidney Fund, DaVita, American Renal, Dialysis Patients Citizens, Kidney Care Council, Kidney Care Partners, and Press Ganey. Many of the commenters supported the inclusion of patient experience measures on Dialysis Facility Compare. Commenters did express concerns with the frequency of the ICH-CAHPS administration, length of the survey, scoring methodology, consistency with implementation of the measure in QIP, and granularity of presentation of results.

#### Response:

Comments regarding the administration of the survey and scoring methodology for the ICH-CAHPS measure will be discussed with the measure developer. For reporting on DFC, it is currently intended that the facility-level ICH-CAHPS measure results will be presented similarly to the way the H-CAHPS measure is presented on Hospital Compare. Top Box results (the percentage of patients who selected the response that indicated the best practice/care) will be presented with the option of drilling down to middle and lower box results for the three composite measures as well as the three global measures. CMS will work with the measure developer to examine the possibility of reporting more granular information in future releases on DFC.

## Pediatric PD Kt/V

### Comment Summary:

The Pediatric PD Kt/V measure was suggested for inclusion on Dialysis Facility Compare during the National Provider Call in October 2015. Comments regarding the inclusion of the measure were received from the American Kidney Fund, DaVita, Dialysis Patients Citizens, Kidney Care Council, and Kidney Care Partners. All commenters supported the inclusion of the measure on Dialysis Facility Compare. One commenter noted that the measure will only be reportable for a small number of facilities because of the 11 patient minimum required for public reporting.

### Response:

CMS appreciates the support of the community for the Pediatric PD Kt/V measure.

## Ultrafiltration rate greater than 13 ml/kg/hr

### Comment Summary:

The Ultrafiltration rate greater than 13 ml/kg/hr measure was suggested for inclusion on Dialysis Facility Compare during the National Provider Call in October 2015. Comments regarding the inclusion of the measure were received from the American Kidney Fund, Dialysis Patients Citizens, Kidney Care Council, and Kidney Care Partners. The commenters all supported the inclusion of the measure with three of the four commenters stating that they believe NQF measure #2701 should be the measure that is implemented.

### Response:

CMS appreciates the support of the community for the inclusion of a quality measure of ultrafiltration on Dialysis Facility Compare. Currently only NQF measure #2700 (not NQF endorsed) is implementable as there is presently no national data source that collects the multiple data points required by measure #2701. However, CMS is currently working with the measure owner of an NQF-endorsed measure of ultrafiltration rate (NQF #2701) to develop a Change Request which would allow for the required data elements to be captured in the national CROWNWeb data system. Once required data elements are available CMS will re-evaluate the possibility of implementing a measure of Ultrafiltration Rate on DFC, but this measure will not be included in the October 2016 Refresh.

## Additional DFC Measures Suggested

### Comment Summary:

DaVita presented four additional topic areas for future inclusion on Dialysis Facility Compare including influenza vaccination, peritonitis, CAHPS survey for patients dialyzing at home, and measures reporting on medication management.

**Response:**

CMS will review the currently available Influenza Vaccinations and Home Version of the CAHPS measures and will explore the possibility of the inclusion of the measures in future Dialysis Facility Compare releases. Additionally, CMS will evaluate whether to convene TEPs to assess future development of a Peritonitis measure, and a Medication Management measure, respectively. As these measures are not yet developed with complete specifications, their inclusion on Dialysis Facility Compare is not currently actionable.

**Comments on Current DFC Measures and Star Rating Methodology****Comment Summary:**

Additional Comments were received by a Dialysis Patient, DaVita, Kidney Care Council, Kidney Care Partners, American Renal, and the American Kidney Fund regarding specifications of measures currently implemented on Dialysis Facility Compare and in the DFC Star Rating.

**Response:**

The issues articulated in these additional comments did not pertain to the scope of this request but will be reviewed during the measure development process and public comment period on the Star Rating Methodology, as appropriate. At this time, CMS does not intend to incorporate any of the measures being added to DFC in October 2016 directly into the DFC Star Ratings methodology. They may be considered for inclusion in the DFC Star Ratings at a later date.