

Responses to Questions from Dialysis Patient Citizens

Our understanding is that star ratings are not evenly distributed across the country; we have seen unofficial data indicating that there are a disproportionate number of one- and two-star facilities in the South and Greater Appalachia, and a disproportionate number of four- and five-star facilities in the Pacific Northwest and Upper Midwest.

If the star ratings were properly risk-adjusted, wouldn't they be evenly distributed across the country without regard to regional population health factors?

RESPONSE: CMS has a standing policy not to risk adjust for regional differences in utilization and care. The geographic differences you pinpointed actually reveal that the rating system is able to detect such regional differences. If we identify that a region has an unusually large number of poorly performing facilities, it is appropriate and fair to make that information available to patients and help patients actively engage in dialogues with providers in view of improving quality of health care.

The way the star ratings seem to suggest that beneficiaries are better off receiving care in Washington State is ironic since one purpose of the Medicare ESRD benefit was to eliminate the need to relocate to the Northwest for kidney care. Is it CMS' position that beneficiaries should consider relocating their residences in response to star ratings?

RESPONSE: As we stated above, we maintain a standing policy not to risk adjust for regional differences in utilization and care. We believe it is important that patients, as well as providers, be aware of these differences. We believe that lower rated facilities do not necessarily provide poor quality care. The lower rating suggests that their performance as measured by the DFC measures is below the national norm. It is not our intention or expectation that the star ratings are the sole determinant of dialysis facility selection. We have carefully evaluated the scenario as suggested by you in the process of developing the rating system, and have drafted an official guideline that patients make health care decisions using more than just quality measure data. Below is our guidance to facilitate consumers' understanding of the rating system.

"Use the Dialysis Facility Star Rating Together with Other Information"

The Dialysis Facility Compare star rating is one of many pieces of information you should use to decide which facility to go to for your care. Use the information on Dialysis Facility Compare to learn about the quality of facilities and the services they offer, compare dialysis facilities side-by-side, and get questions to ask when visiting a dialysis facility.

You should also talk to your doctor about your choices, visit the dialysis facilities you are considering, talk to the staff, and talk to people you know who may be on dialysis. We recommend that you discuss the star ratings and other quality information on the Dialysis Facility Compare website when you talk with your doctor about where to get dialysis care, and when you visit dialysis facilities.

In summary, the star rating system provides an additional tool whereby patients can search by various attributes important to them, for example, distance to facility, shifts beginning after 5pm, whether the facility offers peritoneal dialysis services, and so forth. In the future, we will also explore adding other attributes to the star rating system, such as patients' experience. All these tools, combined, will help patients make more informed decisions when selecting providers."

Can you walk us through some DFC map views in some of the areas with lower overall scores, such as West Virginia or Ohio? What will a consumer see in terms of a spatial distribution of facilities with 3 stars or more alongside those with two stars or less, and distances, drive times, etc. for patients who want to move?

RESPONSE: Dialysis Facility Compare currently allows consumers to conduct a search of facilities through the use of either a map or list view. The list view provides a list of facilities that may be filtered or listed based on a number of characteristics, including the availability of specific services, such as shifts beginning after 5pm, or distance to the facility. We intend to include the Star Ratings among these categories, allowing consumers to limit or prioritize searches based on a facility's rating.

The map view is similar to what would be found on a MapQuest or Google Maps search, identifying dialysis facilities within a selectable radius of the consumer's location. An icon appears on the map to denote location, and patients are able to filter results in similar fashion to that on the list view, using the same characteristics.

There are a variety of ways to present data to consumers. For instance, both Consumer Reports and NCQA use multiple "bubbles" to represent different individual dimensions instead of using a single composite summary score. So for example, consumer satisfaction is one dimension that both Consumer Reports and NCQA report separately. Can you tell us why the composite five star format, encompassing multiple process and outcome measures, was deemed best suited for dialysis patients?

RESPONSE: This was a policy decision. There are a limited numbers of quality measures currently reported on DFC. Multiple component scores are a possibility, but of uncertain value, as the breakdown would probably lead to individual measures receiving their own star rating, and negating the value of providing a summary assessment to patients.

We understand that Hospital Compare will award stars solely based on patient satisfaction. Can you tell us why a different format was selected for DFC than Hospital Compare?

RESPONSE: Hospital Compare is a complex website as compared to DFC, publicly reporting more than 100 quality measures on a regular basis. CMS made an explicit decision to implement Star Ratings on Hospital Compare incrementally, beginning with the critical topic of patient experience of care. We anticipate that Hospital Compare's Star Ratings will expand to include other quality measures in the future.

While we agree that patient experience of care is important for inclusion in the DFC Star Ratings, we decided not to include them in the initial run for two reasons. First, we have not previously publicly reported data from the ICH CAHPS, which is a principal to which we adhered for all other measures included in the Star Ratings. Second, we do not currently have access to sufficient data for dialysis facilities to render a valid assessment for inclusion in the Star Ratings. We anticipate that patient experience of care data will be available to us in CY 2015, and plan to consider ICH CAHPS reporting on DFC and inclusion in the Star Ratings when they are.

Can you show us the language that CMS proposes to post on DFC advising consumers how to use the star system?

RESPONSE: The draft language to be posted on the DFC website is available in the FAQ document at:

<https://dialysisdata.org/sites/default/files/content/FAQs/Star%20Rating%20FAQ%20.pdf>

Can you show us the language that CMS proposes to post on DFC advising consumers how to interpret differences between star ratings and QIP PSCs in facilities?

RESPONSE: As noted on the previous response, the draft language to be posted on the DFC page is currently available on dialysisdata.org. That language does not address the differential interpretations of the Star Ratings and QIP, in part because we seek to avoid confusion regarding the two programs on the website. However, we are currently working to modify the language included on the QIP PSC to clarify how we view the PSC within the context of Star Ratings.

Overview of consumer testing- what did you want patients to get out of the star ratings, how did you define and test comprehension, and how did consumers react (did they comprehend the meaning of the ratings as CMS intended)?

RESPONSE:

Consumer testing examined consumer:

- Preference for the Dialysis Facility Compare without stars and with stars,
- Desire for a legend that defined the meaning of 1 star vs. 2 stars, etc.,
- Comprehension of star ratings after reading proposed accompanying explanatory content.

Findings from the testing were as follows:

- Participants preferred the site with stars and agreed it could help them in terms of making a decision about which dialysis facility to visit. However, in some instances, availability of certain services may be more important than star ratings.

- Slightly more than half of participants preferred a legend with words to explain the stars than without words.
- Participants agreed on the need for greater technical detail about the stars in order to help them understand how to most appropriately use them to make a decision about a dialysis facility. (CMS is addressing this need through technical guides which will be posted along with the star ratings.)

During consumer testing, was a scenario introduced in which patients were told that the facility they are using was a one- or two-star facility? If so, what was the reaction of patients?

RESPONSE: During consumer testing, participants were not explicitly asked for their reactions to a scenario of using a one- or two- star facility. Participants were asked to share their assumptions of the meaning of stars and they overwhelmingly indicated that more stars indicated higher quality. However, participants were quick to point out that often other factors or the availability of certain services would be more important to them than the overall star rating. Additionally, after reading some of the content that will accompany star ratings, participants were able to articulate that the star rating compares facilities to each other and that a one or two star rating does not mean they will receive poor care from a facility.