



**CMS Quality** 2016  
**CONFERENCE**

*Aligning for Innovation and Outcomes*

# Dialysis Facility Compare (DFC) and End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

*Two Medicare Programs for Evaluating Facility  
Performance and Improving Patient Care*

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# Presenters – Dialysis Facility Compare (DFC)

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Nurse Consultant



# Presenter – Patient Advocate

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# Presentation Overview

- 2016 CMS Quality Strategy
  - Program objectives
- Quality Reporting vs. Value Based Purchasing
  - Legislative framework
  - Timeline and measure sets
  - Scoring methodology for Standardized Readmission Ratio
- What facility performance data means for patients
- DFC's October refresh
- *CMS ESRD Measures Manual* and public comment platform



# 2016 CMS Quality Strategy



# Three Aims of CMS Quality Strategy

- **Better Care:** Improve the overall quality of care by making healthcare more person-centered, reliable, accessible, and safe.
- **Healthier People, Healthier Communities:** Improve the health of Americans by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher quality care.
- **Smarter Spending:** Reduce the cost of quality healthcare for individuals, families, employers, government, and communities.



# CMS Approach to Quality Programs

Provider Segment	Value-Based Purchasing (VBP) program	Public Reporting program
Dialysis Facilities	ESRD QIP	Dialysis Facility Compare
Hospitals	HVBP	Hospital Compare
Skilled Nursing Facilities (SNF)	SNF VBP	Nursing Home Compare
Physicians	MIPS/MACRA	Physician Compare
Home Health Agencies	Home Health VBP Model (demonstration project)	Home Health Compare



# DFC Objectives

Dialysis Facility Compare is intended to:

- Give patients and families a tool for assessing facility quality performance
- Present the Star Ratings to make it easier for consumers to compare and select dialysis facilities
- Provide detailed information about facility services to patients
- Assist patients and families in locating and contacting dialysis facilities
- Provide patients and families with ready access to additional resources and information that may prove helpful to them



# ESRD QIP Objectives

- CMS transition from fee-for-service reimbursement to a value-based system that seeks to improve healthcare quality
- Payment penalty program linked to facility performance
- Redesigns how healthcare and healthcare services are paid for
- Rewards better value, outcomes, and innovations



# DFC Legislative Authority

Chapter 5, Section 4558 of Balanced Budget Act of 1997

- **Program intent:** major information resource for patients with ESRD on finding detailed information on Medicare-certified dialysis facilities.
- **Section 4558:**
  - Requires the Secretary to audit cost reports of each renal dialysis provider at least once every three years
  - Develop a method to measure and report on the quality of Medicare renal dialysis services



# ESRD QIP Legislative Authority

Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- **Program intent:** Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care
- **Section 1881(h):**
  - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
  - Allows payment reductions of up to 2%



# ESRD QIP Legislative Authority (cont.)

## Protecting Access to Medicare Act of 2014 (PAMA):

- ESRD QIP must include measures specific to the conditions treated with oral-only drugs. ESRD QIP must propose/finalize a measure that fulfills this requirement in the current rulemaking cycle
- **Solution:** Addition of Hypercalcemia clinical measure
  - Condition is commonly treated with an oral-only drug
  - Clinical measure is currently endorsed by the National Quality Forum (NQF)



# DFC Timeline

- Each October release covers the previous year's data with the exception of the Mortality measures, which reflect data for patients treated at the facility for the previous 4 years
- Example
  - October 2016 release covers information submitted in Calendar Year 2015 for most measures and 2012 through 2015 for Mortality.
  - The Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Transfusion Ratio, Standardized Readmission Ratio, NHSN Blood Stream Infection Measure and Star Ratings are updated annually in October.
  - The ICH-CAHPS measure is update bi-annually in October and April.
  - The other measures are updated quarterly (October, January, April, and July) on a sliding year basis as described above.
  - The Star Ratings are updated annually in October.



# DFC Measure Set for 2016 Release

## Included in Star Ratings

- Standardized Transfusion Ratio (STrR)
- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult dialysis patients who had hypercalcemia
- Percentage of adult dialysis patients who received treatment through arteriovenous (AV) fistula
- Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment



# DFC Measure Set for 2016 Release

## Not Included in Star Ratings

- Standardized Readmission Ratio
- Percentage of pediatric peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis
- Patient Experience Survey Data – ICH-CAHPS Data
- National Healthcare Safety Network Standardized Bloodstream Infection Ratio
- Hgb >12.0g/dL
- Hgb <10.0 g/dL
- Serum Phosphorus



# ESRD QIP Timeline

- Annual ESRD Prospective Payment System (PPS) rulemaking for program updates and refinements
  - Publish a proposed rule every summer for public comments
  - Final rule with responses to public comments must display each year by November 1
- A facility's performance is collected, is scored in the next year, and receives a TPS and payment reductions in the second year.
- Example:
  - Facility performance is collected in 2016
  - Measures are scored in 2017
  - Facility's receive their TPS and payment reductions in 2018



# ESRD QIP Measure Set for PY 2018

## 11 clinical

- NHSN bloodstream infection
- ICH CAHPS
- Standardized Readmission Ratio
- Kt/V Dialysis Adequacy
- Standardized Transfusion Ratio
- VAT measure Topic
- Hypercalcemia

## 5 reporting

- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-up
- Clinical Depression Screening and Follow-up
- NHSN Healthcare Provider Influenza Vaccination



# DFC Measure Approaches

- Calculates rates on basis of achievement against national performance only
- Calculates Kt/V on patients assigned to a facility for the entire month
- Excludes patients younger than 18 years from the VAT-Catheter Calculations
- Fewer reporting-based measures
- Reports ICH-CAHPS information and working to incorporate it into the Star Rating methodology in the future



# ESRD QIP Measure Approaches

- Measures weighted by domain and type
- Facility TPS calculated independent of peer distribution, measured against minimum national average
- Recognizes facility's year-over-year improvement on clinical measures
- Excludes patients lacking “minimum time in facility” from Kt/V calculations (e.g., seven-touch rule through PY 2018)
- Excludes patients with fewer than four claims and claims with “ambiguous data” from VAT—Fistula calculations
- Excludes patients younger than 18 years and 90 days from VAT—Catheter calculations
- Includes more reporting measures (with points for compliance with requirements)



# Evaluating 2016 Performance – DFC

## Scoring Methodology for Standardized Readmission Ratio

- **Background:**
  - The SRR compares a facility's observed number of unplanned readmissions with the number that would be expected if patients at the facility were instead subject to the national average readmission rate.
  - The expected number is computed given the number and characteristics of the hospital discharges during the year.



# Evaluating 2016 Performance – DFC

## Scoring Methodology for Standardized Readmission Ratio

- Once the SRR is calculated the score is broken down into 3 Classifications
  - Better than Expected – facility SRR is less than 1.00 and statistically significant ( $p < 0.05$ )
  - As Expected – facility SRR is not statistically significant
  - Worse than Expected – facility SRR is greater than 1.00 and statistically significant ( $p < 0.05$ )
- The SRR is not reported if the facility experienced fewer than 11 index discharges.



# Evaluating 2016 Performance – DFC

## Scoring Methodology for Standardized Readmission Ratio

- In addition to the classification, the Readmission Rate and Confidence Interval is also available on the Dialysis Compare Website.
  - The readmission rate and confidence interval for the readmission rate are calculated by multiplying the SRR (and confidence interval for SRR) by the national rate of readmission. The national rate of readmission for 2015 is 25.9 % of hospital discharges.



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio

### PY 2018

- **Improvement Threshold:** Facility's 2015 performance
- **Achievement Threshold**  
(15th percentile of 2014 national performance): 1.297
- **Performance Standard**  
(50th percentile of 2014 national performance): 0.998
- **Benchmark**  
(90th percentile of 2014 national performance): 0.588



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



*Achievement Range*

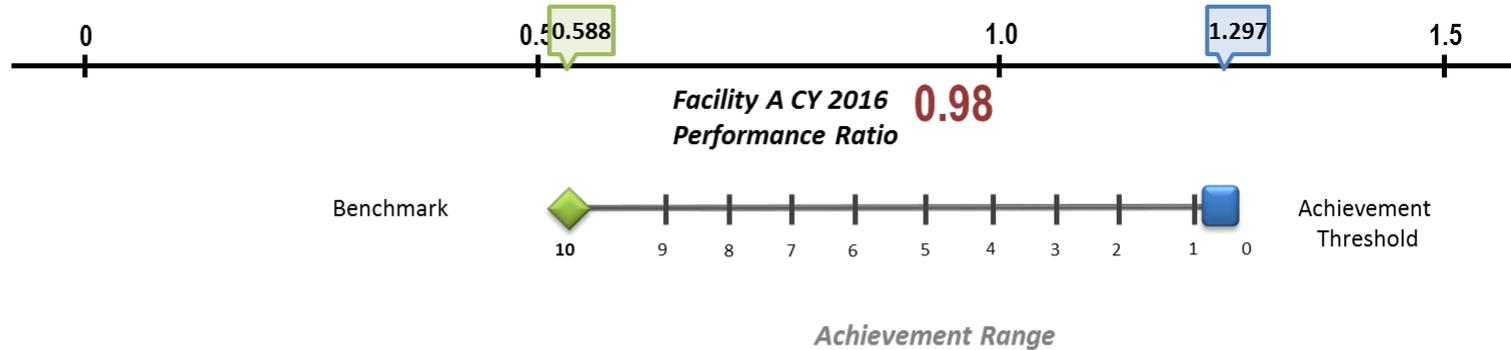
**Achievement Points** are awarded to facilities by comparing an individual facility's rates during 2016 against the nationally derived benchmark and threshold in 2014.

-  = Achievement Threshold (15th percentile)
-  = Benchmark (90th percentile)



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



### Achievement Score Formula

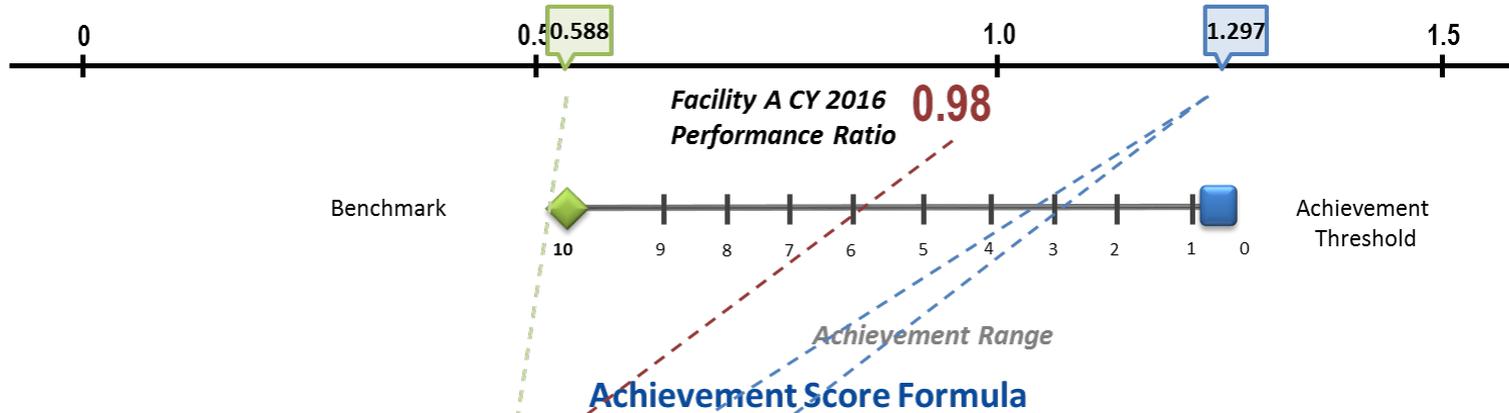
$$9 \times \left( \frac{\text{Facility's Performance Period Rate} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right) + 0.5$$

-  = Achievement Threshold (15th percentile)
-  = Benchmark (90th percentile)



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



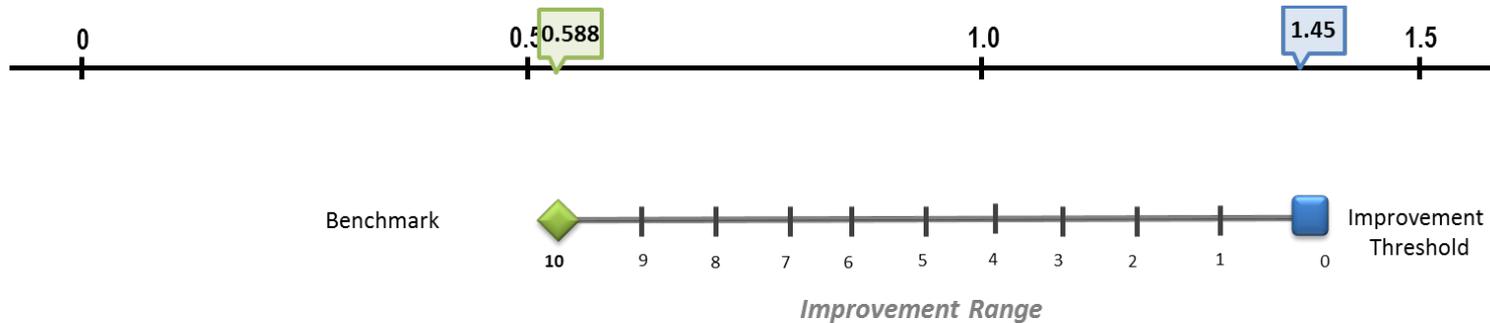
$$9 \times \left( \frac{0.98 - 1.297}{0.588 - 1.297} \right) + 0.5 = 4.52, \text{ rounded to } 5$$

-  = Achievement Threshold (15th percentile)
-  = Benchmark (90th percentile)



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



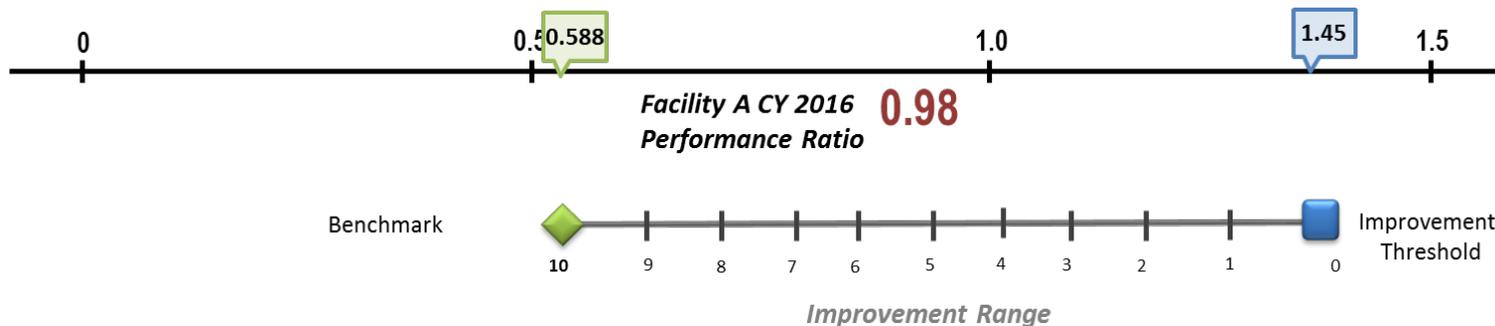
**Improvement Points** are awarded to facilities by comparing an individual facility's rates during 2016 against the facility's own performance in 2015.

-  = Improvement Threshold (2015 performance rate)
-  = Benchmark (90th percentile)



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



### Improvement Score Formula

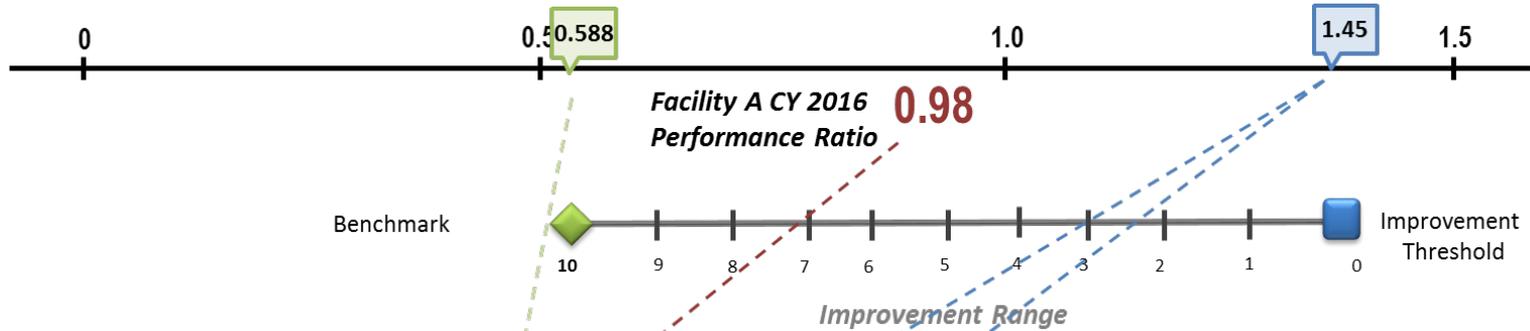
$$10 \times \left( \frac{\text{Facility's Performance Period Rate} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right) - 0.5$$

-  = Improvement Threshold (2015 performance rate)
-  = Benchmark (90th percentile)



# Evaluating 2016 Performance – ESRD QIP

## Scoring Methodology for Standardized Readmission Ratio



$$10 \times \left( \frac{0.98 - 1.45}{0.588 - 1.45} \right) - 0.5$$

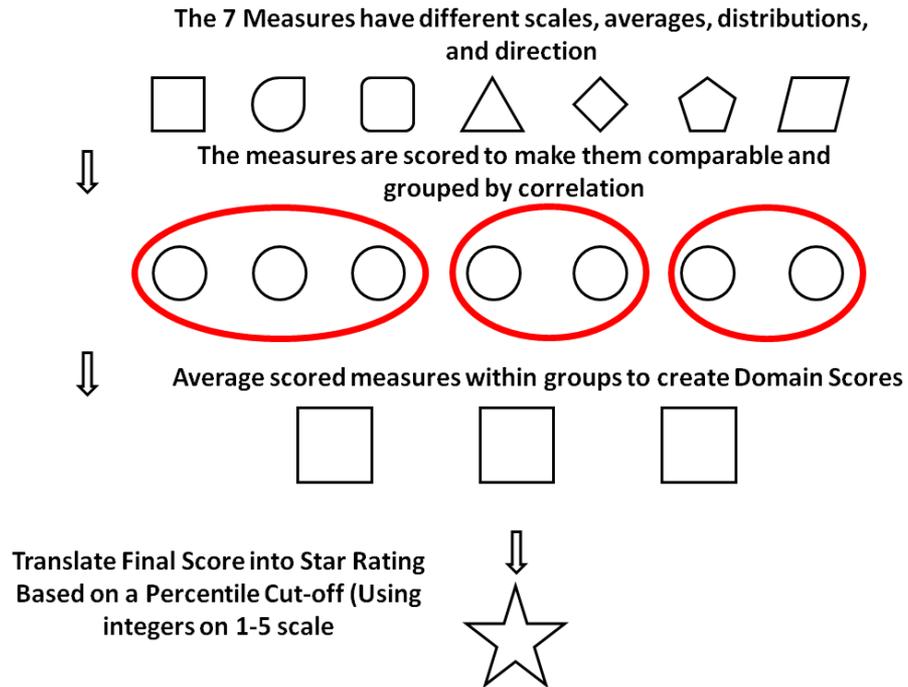
= 4.95, rounded to **5**

-  = Improvement Threshold (2015 performance rate)
-  = Benchmark (90th percentile)

This facility will earn an SRR measure score of 5, as the score derived from the two scoring methods had the same rounded result.



# Outcomes of Evaluating 2015 Facility Performance – Star Ratings



# Evaluating 2015 Facility Performance – Star Ratings

## Star Ratings (October 2016 release)

6,061 facilities

### Distributions:

- 5 Stars – 17% of facilities
- 4 Stars – 24% of facilities
- 3 Stars – 39% of facilities
- 2 Stars – 14% of facilities
- 1 Star – 5% of facilities

The updated DFC Star Rating Methodology compares data to performance standards set in a baseline year, which allows the Star Ratings to reflect if a facility's star ratings improves (or declines) in performance over time.



# Evaluating 2016 Facility Performance – ESRD QIP

## ESRD QIP PY 2018 *estimates*

5,996 facilities

**Minimum TPS: 49**

### **Distributions:**

- No payment reduction: 4,338 facilities (77.2%)
- 0.5% payment reduction: 1,023 (18.2%)
- 1.0% payment reduction: 225 (4.0%)
- 1.5% payment reduction: 33 (0.6%)
- 2.0% payment reduction: 3 (0.1%)
- No score calculated/ESRD QIP ineligible: 374



# What Facility Performance Data Means to Patients

- The programs seek to assure beneficiaries of a standard of the quality of care they receive
- Beneficiaries have options for their care; these programs provide information on which they can make decisions



# DFC Site Refresh – October 2016

- Goal: Enhance usability and consumer-friendliness
  - Increase readability and simplify language
  - Reduce redundancies
  - Improve user understanding
  - Expand communities to include Chronic Kidney Disease providers and patients prior to Stage 5
- Toolkits for patients and providers
- Videos
- Social Media Outreach (Facebook, Twitter, blogs)



# *CMS ESRD Measures Manual*

- Provides transparent and detailed description of how DFC and ESRD QIP measures are calculated
- Serves as a resource for improving the reliability and validity of measures
- Improves facility ability to track, predict, and improve scores—and ultimately lead to better care for patients
- Establishes “as-is” collection of specifications (formal rules and agency guidance remain documents of record) and program-specific calculations
- Aligned with CMS resource for public comments and suggestions year-round
- Expected annual revision in January will present measures reflected in the October 2017 release for DFC and PY 2019 for the ESRD QIP



# Patient Perspective

*Paul T. Conway*



# AAKP and CMS – A Legacy of Partnership

- Founded in 1969 by six dialysis patients
- Largest ***independent*** U.S. kidney patient advocacy organization (120,000+ members) with kidney patient majority board and leadership
- AAKP founders helped gain passage of 1972 legislation that amended the Social Security Act to cover dialysis treatment
- Known today as the ESRD Program administered by CMS



# Kidney Care Quality Measurements: To What End?

- The sincere, yet conflicting, messages the federal government telegraphs to kidney patients and care-givers
- Strategic implications posed by mixed federal messages – across federal agencies, on Capitol Hill, to industry and, most importantly, among patients
- What patients and care-givers truly find helpful – is it mutually exclusive to current CMS efforts?



# The Rise of Patient-Driven Healthcare: Disrupting Paternalism in the Kidney Space

- Evolution of technology and patient data in clinical decision-making, pharma, devices, and diagnostics
- The new frontier – utilization of real-world evidence and patient-reported outcomes in federal decisions
- When measures fail the audience – how patients develop, share, and act on their own definitions of “quality”
- Maintaining relevance – opportunities for regulated and unregulated metrics



# Patients and their Federal Government: Next Steps in Collaboration and Accountability

Patient organizations – a traditional resource for focus groups, survey pools, TEP membership

The emerging capacities designed for:

- Collaborative quantitative and qualitative research
- Testing of content, knowledge, message, platforms
- Media/grassroots rollouts of federal metrics and tools
- Independent assessment/endorsement of federal and private patient research data – including metrics



# CMS Contact Information

- DFC
  - <https://www.medicare.gov/dialysisfacilitycompare>  
(resource for comparing facilities when selecting care providers)
  - <https://www.dialysisdata.org>  
(in-depth methodology and other details)
  - [dialysisdata@umich.edu](mailto:dialysisdata@umich.edu) (DFC Helpdesk)
- ESRD QIP
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>  
(repository of ESRD QIP information)
  - [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov) (ESRD QIP mailbox)



# AAKP Contact Information

- [www.aakp.org](http://www.aakp.org)
- [info@aakp.org](mailto:info@aakp.org)



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