

2024 Pre-Rulemaking Measure Review

Preliminary Assessment

MUC ID	Title
MUC2024-060	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey - Quality of Dialysis Center Care and Operations (QDCCO)
Measure Steward & Developer	Proposed CMS Programs
Centers for Medicare & Medicaid Services (CMS)	End-Stage Renal Disease (ESRD) Quality Incentive Program

Measure Overview
<p>Developer-provided rationale: One of the goals of the CMS National Quality Strategy is to foster engagement and to bring the voices of patients to the forefront. As part of fostering engagement, it is critical to hear the voice of individuals by obtaining feedback from them on in-center hemodialysis facility performance and incorporating it as part of CMS’s comprehensive approach to quality. Patient-centeredness is a central goal of dialysis care and can be directly measured through surveys of dialysis patients. CMS created the In-Center Hemodialysis CAHPS® Survey, a component of the ESRD Quality Incentive Program (QIP), to ensure that an assessment of the patient-centeredness of care would be included to monitor dialysis facility performance, promote quality improvement, and inform consumer decision-making in the selection of a dialysis facility via public reporting of results.</p>
<p>CMS-provided program rationale: The ICH CAHPS Survey provides an assessment of patient-centeredness of care to monitor dialysis facility performance, promotes quality improvement, and helps inform consumer decision-making through publicly reported results.</p>
<p>Description: The ICH CAHPS Survey is designed to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers. The survey is designed to meet the following three broad goals: Produce comparable data from the patient’s perspective that will allow objective and meaningful comparisons between dialysis centers on domains that are important to consumers; Create incentives for dialysis centers to improve their quality of care; Enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment. Specifically, the survey measures patients’ experiences on topics that are important from the perspective of patients and help them make more informed choices when selecting a dialysis center as well as helping dialysis centers improve the quality of dialysis care for their patients.</p>

Measure Overview	
<p>The QDCCO measure asks questions related to the quality of care and operations at the dialysis center. RTI International worked closely with CMS to develop a shortened ICH CAHPS Survey; this included reducing the number of items in the QDCCO measure.</p>	
<p>Measure background: Measure currently used in a Medicare program, but the measure is undergoing substantive changes.</p>	
<p>Numerator: CMS calculates ICH CAHPS Survey measure scores using top-box scoring. The top-box score refers to the percentage of respondents that give the most positive response(s). The items in the ICH CAHPS QDCCO measure use a “Never/Sometimes/Usually/Always” response scale. The top-box numerator is the number of respondents who answer “Always.”</p> <p>Exclusions: None</p>	
<p>Denominator: ICH CAHPS Survey respondents are adult patients who received dialysis care from an in-center hemodialysis facility. A survey is defined as completed when at least 50 percent of the questions applicable to all patients are answered. The item-level denominator for the ICH CAHPS QDCCO measure is the number of respondents with completed surveys who answer at least one item within the multi-item measure.</p> <p>Exclusions: Cases are excluded from the measure denominator if: Patients are under 18 years of age; Patients had a proxy answer the survey for them; Patients receive dialysis at home or at a skilled nursing home where they live; Patients are not currently receiving dialysis or have received dialysis at the facility for less than 3 months; Patients are deceased at the time of the sample or are on hospice care; Patients are physically/mentally incapable of completing the survey.</p> <p>Exceptions: None</p>	
<p>Measure type: Patient-Reported Outcome Performance Measure (PRO-PM) or Patient Experience of Care</p>	<p>Measure has multiple score: No</p> <p>Measure is a composite: No</p> <p>Measure is digital and/or an eCQM: No</p> <p>Measure is a paired or group measure: No</p>
<p>Level of analysis: Facility</p>	<p>Data source(s): Digital-Other: Web-based survey was tested in the field test, Non-Digital Patient-Reported Health Data or Survey Data (telephonic or paper-based).</p>
<p>Care setting(s): Dialysis Facility</p>	<p>Risk adjustment or stratification: Yes</p>
<p>CBE endorsement status: Endorsed; CBE 0258; Revisions to the ICH CAHPS Survey in the QDCCO measure include the removal of four items.</p>	<p>CBE endorsement history: Previously endorsed in 2019.</p>

Measure Overview	
Is measure currently used in CMS programs? The measure is currently used in ESRD QIP, but the measure is undergoing substantive changes.	Measure addresses statutorily required area? ESRD QIP is authorized by section 1881(h) of the Act. The program establishes incentives for facilities to achieve high-quality performance on measures with the goal of improving outcomes for ESRD beneficiaries. The ICH CAHPS Survey falls under 42 CFR 413.178(c)(iii) – patient satisfaction.

Meaningfulness

Importance	
Type of evidence:	Empirical data [Source: Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT) Submission Form]
<p>Importance: AHRQ developed the ICH CAHPS Survey to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers; the developer inherited the AHRQ-developed survey when they were awarded the national implementation. The survey collects patients' experiences on topics that are important from the perspective of patients and helps them make more informed choices when selecting a dialysis center and helps dialysis centers improve the quality of dialysis care for their patients. The developer cites previous work from 2014 on measure development, which included qualitative research to generate survey questions and statistical analyses to evaluate the survey's measurement properties. The measure has been revised to reduce the number of items it includes. The measure developer has provided data indicating the reduced measure has acceptable levels of reliability and validity.</p> <p>During the prior CBE endorsement process in 2019, the committee found the importance of this measure sufficient. The committee should consider if changes since endorsement (removal of four items) warrant additional review.</p>	
Rating: Met, Prior CBE Endorsement	

Measure Performance

Table 1 shows deciles (i.e., the data sorted and broken into 10 equal parts) by performance score based on the information provided for the performance score for the 2,319 entities described in the testing submission.

Interpretation: The mean score for the 2,319 entities described in the testing submission for this measure was 79.0. For this proportion measure, a higher score indicates better quality of care.

Table 1. MUC2024-060 Performance Score Deciles

	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	79.0 (20.7)	0.0	35.6	55.6	67.6	76.3	83.0	88.4	92.6	95.9	98.3	99.7	100.0
Number of Entities	2,319	1	232	232	232	232	232	232	232	232	232	231	1

Conformance

Measure alignment with conceptual intent: The developer designed the survey to produce comparable data from the patient’s perspective that will allow objective and meaningful comparisons between dialysis centers, create incentives for dialysis centers to improve their quality of care, and enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment. Measure specification aligns with measure focus (quality of experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers) and conceptual intent. Numerator and denominator populations are appropriate, and exclusions align with clinical evidence.

Rating: Met, Prior CBE Endorsement

Feasibility

eCQM feasibility testing conducted: No [Source: MERIT Submission Form]

Feasibility: The QDCCO measure is derived from the In-Center Hemodialysis CAHPS Survey, a 39-item standardized questionnaire and data-collection methodology. The revised ICH CAHPS Survey will be offered in five languages: English, Spanish, Chinese (simplified and traditional), and Samoan. It will be delivered one of three modes: Mail-Only, Telephone-Only, or Mixed Mode (mail plus telephone follow up) in national implementation. The measure developer tested a shortened version of the ICH CAHPS Survey, which resulted in the removal of four items from the current multi-item measure.

Limitation: The submission does not provide any estimates of respondent burden. The committee should consider potential feasibility considerations related to respondent burden. The shortened ICH CAHPS Survey, with the reduced QDCCO measure, went from an estimated 16 minutes to 11 minutes, therefore decreasing the burden on respondents.

During the prior CBE endorsement process in 2019, the committee found the feasibility of this measure sufficient. The committee should consider if changes (removal of four items) since endorsement warrant additional review.

Rating: Met, Prior CBE Endorsement

Validity	
Validity testing:	Face Validity & Empiric Validity [Sources: MERIT Submission Form, Methodology Attachment]
Testing level(s):	Facility
<p>Validity: The QDCCO measure is derived from the In-Center Hemodialysis CAHPS Survey, a 39-item standardized questionnaire and data-collection methodology. The developer tested this survey in a 2022 field test, which included 4,605 field test respondents, representing 3,211 facilities. The developer assessed construct validity for the revised survey instrument through confirmatory factor analysis (CFA), which showed removal of four items from the QDCCO measure had minimal impact on construct validity.</p> <p>Convergent validity testing revealed correlations of the expected magnitude and in the expected direction between the In-Center Hemodialysis measure and the QDCCO measure. The Dialysis Staff Rating is 0.67, and the Dialysis Center Rating is 0.65, $p < 0.001$ for both, indicating strong, statistically significant correlation between this measure and the CAHPS survey.</p> <p>An expert panel of 10 voting members established face validity. All experts agreed that the results showed that the removal of three questions from the QDCCO did not impact the measure's validity. The fourth item (care about you as a person) was removed after initial feedback was obtained; for that item, the developer received feedback from seven experts. Five agreed with the removal.</p> <p>During the prior CBE endorsement process in 2019, the committee found the importance of this measure sufficient. The committee should consider if changes (removal of four items) since endorsement warrant additional review.</p>	
<p>Threats to validity: Analyses conducted have found racial disparities for dialysis facilities with higher percentages of Black patients even after controlling for covariates such as patient demographics and facility level factors. This information is based on analyses using the original QDCCO measure, but the developer noted that they do not anticipate any major differences with the revised measure. Risk adjustment of survey scores performed using well-established and researched method to account for patient mix characteristics compared to national averages.</p>	
Rating: Met, Prior CBE Endorsement	

Reliability	
Reliability testing method(s):	Signal-to-Noise [Sources: MERIT Submission Form, Methodology Attachment]
Testing level:	Facility
<p>Reliability discussion: The numerator and denominator for this measure are well defined. The developer conducted the QDCCO measure signal-to-noise detection analysis with the reduced item set with individual items by proxy with 2023 spring and fall national implementation survey data. That data consisted of 2,319 facilities with at least 30 completed cases between the two survey periods, to match the public reporting standards. The QDCCO measure's inter-unit reliability is 0.76 (F=4.17, p<0.001), which exceeds the 0.6 threshold and indicates that the item is effective at differentiating entities by quality of performance.</p> <p>During the prior CBE endorsement process in 2019, the committee found the reliability of this measure sufficient. The committee should consider if changes (removal of four items) since endorsement warrant additional review.</p>	
<p>Additional reliability analyses: Only a single estimate for reliability is required; therefore, Battelle did not generate interpolated decile averages of the reliability data</p> <p>Unit-level reliability varies based on differing levels of completed cases per CCN (CMS Certification Number). CCN is a unique identifier for a dialysis facility that is assigned by CMS. Spring and fall national implementation data from 2022 was used as a proxy for this analysis, where reliability estimates for the QDCCO measure range from 0.794 in CCNs that have at least 10 respondents per CCN (86% of the total CCNs) to 0.726 in CCNs that have at least 90 respondents per CCN (0.41% of the total CCNs).</p>	
<p>Rating: Met, Prior CBE Endorsement</p>	

Usability	
Usability considered in application:	No
<p>Usability discussion: The submission does not demonstrate usability through the identification of facilitators or barriers to entity improvement. The developer does identify the potential unintended consequence that this measure may lead to an emphasis on certain aspects of patient experience of care received over other components of care specific to the quality of the dialysis center. The committee should consider usability of the measure within the program and if usability established through prior endorsement is sufficient for this PRMR review.</p> <p>During the prior CBE endorsement process in 2019, the committee found the usability of this measure sufficient. The committee should consider if changes since endorsement warrant additional review.</p>	
<p>Rating: Met, Prior CBE Endorsement</p>	

External Validity	
Was this measure tested in the same target population as the CMS program?	Yes
External validity discussion: The measure developer conducted testing within in-center hemodialysis facilities, which aligns with ESRD QIP's population of measured entities.	
Rating: Met	

Appropriateness of Scale

Appropriateness of Scale	
Similar or related measures in program(s):	No
<p>Measure appropriateness, equity, and value across target populations/measured entities: This measure reflects the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers. The survey measures patients' experiences on topics that are important from the perspective of patients and help them make more informed choices when selecting a dialysis center and helps dialysis centers improve the quality of dialysis care for their patients, as determined through formative research.</p> <p>This measure may lead to an emphasis on certain aspects of patient experience over those aspects not specifically named. However, because these aspects of patient experience have been deemed important by patients, caregivers, and provider stakeholders, the adverse consequences of such an emphasis are likely minimal. The proposed measure will increase transparency of in-center hemodialysis care from Medicare-certified dialysis centers. The committee should consider if, based on their professional and patient experience, there is a chance for variation on distribution of benefit or burden across provider and patient populations.</p>	

Time to Value Realization

Time to Value Realization	
Plan for near- and long-term impacts after implementation:	No
<p>Measure implementation impacts over time: The measure developer does not articulate a relationship between the measure and patient benefits or harm over time. There is a need for further examination of near- and long-term impacts of this measure after implementation across provider and patient populations.</p> <p>Questions for the committee to consider:</p>	

- What are the potential near- and long-term impacts of this measure on measured entities, the ESRD Quality Reporting Program, and patient populations?
- Will benefits and burdens associated with this measure be realized within an appropriate implementation time frame?
- How will this measure mature through revisions in the future if added to the ESRD Quality Reporting Program measure set?