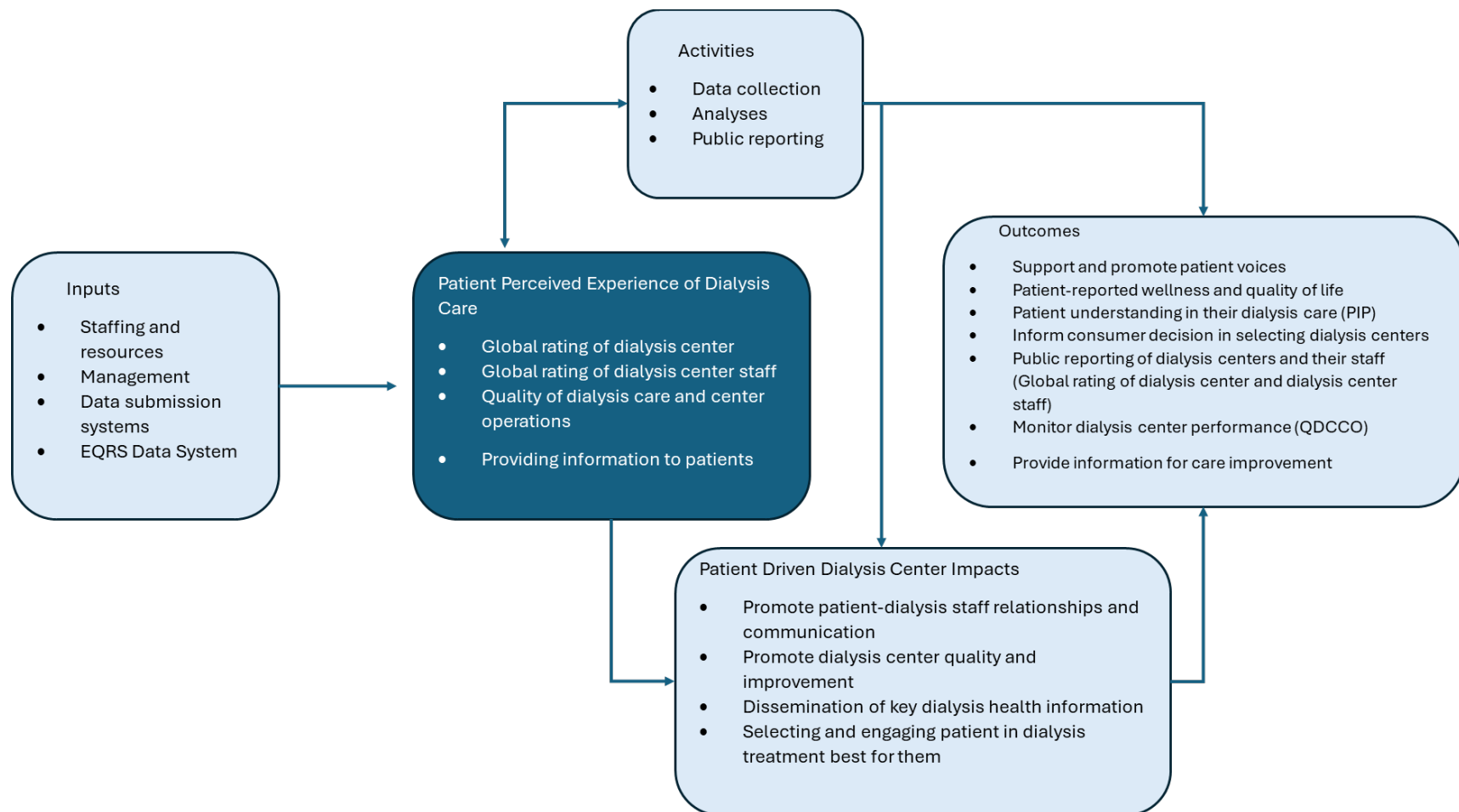


Attachment for 2.1 of Instrument Form: Logic Model for ICH CAHPS Survey

Inputs	Activities	Outputs	Outcomes	Impacts
<ul style="list-style-type: none"> • Staffing and resources • Management • Data extraction systems • EQRS Data System 	<ul style="list-style-type: none"> • Data Collection • Analysis of scores and star ratings • Public Reporting 	<ul style="list-style-type: none"> • Star Ratings • Measure Scores 	<ul style="list-style-type: none"> • Support and promote patient voices • Patient-reported wellness and quality of life • Patient understanding in their dialysis care (PIP) • Inform consumer decision in selecting dialysis centers • Public reporting of dialysis centers and their staff (Global rating of dialysis center and dialysis center staff) • Monitor dialysis center performance (QDCCO) • Provide information for care improvement 	<ul style="list-style-type: none"> • Patient Driven Dialysis Center • Promote patient-dialysis staff relationships and communication • Promote dialysis center quality and improvement • Dissemination of key dialysis health information • Selecting and engaging patient in dialysis treatment best for them

Feedback Mechanisms
<ul style="list-style-type: none"> • Patient Perceived Experience of Dialysis Care • Global rating of dialysis center • Global rating of dialysis center staff • Quality of dialysis center care and operations • Providing information to patients
Assumptions
<ul style="list-style-type: none"> • Nephrologists can work with multiple centers, a center can have multiple nephrologists, and centers do not have control over nephrologists, which all makes feedback-based action nebulous. Therefore, the ICH CAHPS Survey has reduced the focus on nephrologists by removing many (but not all) questions relating to them. • Daily dialysis care is provided by center staff and the main focus of the survey is on these relationships.
External Factors
<ul style="list-style-type: none"> • Availability of centers in some areas and some nephrologists require certain centers. Patients may not have a choice on which center they receive care.



Summary: The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey is a national, standardized, publicly reported survey of patients' perspectives of Medicare-certified dialysis centers. The Centers for Medicare & Medicaid Services publicly reports the top-box, or the most favorable response percentages for the survey so that consumers can easily identify high-quality dialysis providers.

The logic model demonstrates the operation of the dialysis system and structure when ICH CAHPS is assessing patients' perspectives of their dialysis care. The ICH CAHPS survey is crucial in this structure, as it provides patients with elevated voices and centers them in evaluating their own dialysis care. Through patient voices, reported experiences reflect positive or negative dialysis care quality to improve overall dialysis care quality.

Logic Model 2.1 begins with a section entitled “Inputs,” which illustrates the necessary inputs in the in-center hemodialysis care system. In addition to dialysis centers and various actors in the space (staffing and resources, management), also included are technological systems (data submission systems, EQRS data system) that allow for patient-based assessment of the in-center hemodialysis care structure. Shifting to “Activities,” this block at the top of the diagram includes the required elements of the ICH CAHPS Survey: data are collected (data collection), collected data are analyzed (analyses), and analyzed data are publicly reported in the way of measure scores and star ratings (public reporting); these publicly reported data are then available to patients. The next block, entitled “Patient Perceived Experience of Dialysis Care,” lists the ratings and measures: the global ratings of dialysis center and dialysis center staff, quality of dialysis center care and operations, and providing information to patients. These measures and ratings impact dialysis center quality. Driven through the patient (“Patient Driven Dialysis Center Impacts”), Medicare-certified dialysis centers are encouraged to engage in health care that is both patient-centered and of high quality. This includes promoting relationships between staff and patients, promoting dialysis center quality and improvement, disseminating key dialysis health information, and selecting and engaging patients in the best treatment for them. The last section, “Outcomes,” highlights the short-term, immediate, and long-term outcomes of the ICH structure. In the short term and immediate, patient voices are elevated and prioritized within this structure and thoughts, opinions, and complaints are heard. Additionally, through this mechanism, patient-reported wellness is gathered. Over the long term, this structure allows for the public reporting of dialysis centers over the years and constant monitoring of center performance and areas of improvement. All these mechanisms also play a role in informing consumer-based decision on which dialysis centers to use.

There are two ICH CAHPS multi-item measures and two rating measures to assess the important aspects of in-center hemodialysis and the patients' perspectives of their dialysis experiences. These measures and ratings are critical in determining the impact of care delivered:

1. Global Rating of Dialysis Center

The global rating of the dialysis center captures the patient's perspective on how they rate their dialysis center on a scale of 0 (worst) to 10 (best). ICH centers use the scores that are publicly reported for this rating measure to help improve the dialysis care they are providing to their patients.

2. Global Rating of Dialysis Center Staff

The global rating of the dialysis center staff captures the patient's perspective on how they rate their dialysis center staff on a scale of 0 (worst) to 10 (best). ICH centers use the scores that are publicly reported for this rating measure to help improve the dialysis care that staff provide to their patients.

3. Quality of Dialysis Center Care and Operations multi-item measure (QDCCO)

The QDCCO is an important measure to dialysis patients, their families, dialysis centers, and their staff that is calculated from 13 survey questions: *In the last 3 months, how often did the dialysis center staff listen carefully to you; In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?; In the last 3 months, how often did the dialysis center staff show respect for what you had to say; In the last 3 months, how often did the dialysis center staff spend enough time with you; In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis; In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?; In the last 3 months, how often did dialysis center staff check you as closely as you wanted while you were on the dialysis machine; In the last 3 months, how often was the dialysis center staff able to manage problems during your dialysis; In the last 3 months, how often did dialysis center staff behave in a professional manner; In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?; In the last 3 months, when you arrived on time, how often did you get put on the dialysis machine within 15 minutes of your appointment or shift time; In the last 3 months, how often was the dialysis center as clean as it could be; and In the last 12 months, how often were you satisfied with the way they handled these problems?* High scores on the QDCCO measure are associated with the dialysis center performing key duties to ensure the comfort and well-being of the dialysis patient.

4. Providing Information to Patients multi-item measure (PIP)

The PIP is a critical measure for dialysis patients and their families that is calculated from 9 survey questions: *The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula, or catheter?; As a patient you have certain rights. For example, you have the right to be treated with respect and the right to privacy. Did this dialysis center ever give you any written information about your rights as a patient?; Did dialysis center staff at this center ever review your rights as a patient with you?; Has dialysis center staff ever told you what to do if you experience a health problem at home?; Has any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?; You can treat kidney disease with dialysis, kidney transplant, or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?; In the last 12 months, has a doctor or dialysis center staff explained to you why you are not eligible for a kidney transplant?; Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?; and In the last 12 months, were you as involved as much as you wanted in choosing the treatment that is right for you?* High scores on the PIP measure are associated with increased knowledge and safety for the dialysis patient, as well as high performance from the dialysis center in providing this information.