

[CBE ID 5598, Standardized Modality Switch Ratio for Incident Dialysis Patients]

The standardized modality switch ratio (SMoSR) is the ratio of modality switches from in-center hemodialysis to home dialysis (PD or HHD) among all adult incident dialysis patients treated at a particular facility, to the expected number of switches given the characteristics of the facility's patients and the national average of modality switches for dialysis facilities.

Inputs	Activities	Outputs	Outcomes	Impacts
<ul style="list-style-type: none"> Dialysis center staff (Nephrologists, nursing staff [both incenter HD and home dialysis], social work) Facility specific Policies and Procedures that reflect requirements in CMS' CfC 494 Conditions for Participation in the Medicare ESRD Chronic Dialysis Program Standardized education materials about pros/cons of home dialysis Quality Improvement Team (including Medical Director and, Nurse Manager) Partnerships with Access Centers and surgeons to facilitate PD catheter placement EHR Systems and Data analytic tools 	<ul style="list-style-type: none"> Collect and analyze modality switch data from facility (e.g. new start direct to home vs. transfer from home) Screening incenter HD patients for eligibility; routine discussion of home modality as part of care plan. Conduct "Home First" education sessions Participate in ESRD Network activities focused on supporting home dialysis (Intervention activities; Project Echo) Quality Improvement Team review of switch rates, including root cause analysis for low switch rates to develop quality improvement activities Stakeholder Engagement: Education for patients, staff, and providers on potential benefits of home therapy. Care coordination with referring nephrologists and inpatient providers on home dialysis education. 	<ul style="list-style-type: none"> Percentage of incenter HD patients screened for home dialysis. Number of staff trained on home dialysis education. Percentage of patients who (1) completed home dialysis education and (2) successfully switched from incenter to home. Training materials for facility and inpatient staff. 	<p><u>Short-term</u></p> <ul style="list-style-type: none"> Increased comfort with patient counseling on transition to home dialysis Improved proportion of patients with knowledge of home dialysis Increased patient activation and readiness to pursue self-care <p><u>Intermediate Term</u></p> <ul style="list-style-type: none"> Increased home dialysis initiation from incenter patients Increased home dialysis retention (e.g. 30-90 days) <p><u>Long-term</u></p> <ul style="list-style-type: none"> Sustained increase in the switch rate from incenter to home dialysis Improved patient satisfaction with dialysis modality decision and shared decision making Higher proportion of dialysis patients using a home modality. 	<ul style="list-style-type: none"> Enhanced shared decision making for dialysis modality Lower cost of care for home dialysis patients Reduced burden of kidney disease on healthcare systems and communities.

Feedback Mechanisms
<ul style="list-style-type: none"> • Monthly performance reports to quality improvement team • Root cause analysis of patient switches that are not durable where patient returns to incenter dialysis. • Learning collaboratives to share best practices among dialysis centers • Benchmarking against other facilities through Dialysis Facility Care Compare (DFCC), and Dialysis Facility Reports (DFR).
Assumptions
<ul style="list-style-type: none"> • Dialysis providers are unbiased towards incenter and home modalities and present them in a neutral manor. • Dialysis facilities have adequate staffing levels and an interdisciplinary team that have the training/experience in home dialysis education, initiation, and maintenance to support home dialysis • Patients have a stable, safe home environment suitable for home dialysis
External Factors
<ul style="list-style-type: none"> • Alternative payment models such as CMS Kidney Care Choices provide incentives for home dialysis uptake • Social determinants of health, housing stability, and availability of home dialysis clinics may impact transition to home dialysis • Public health events (e.g. pandemic) that impact staffing levels at home clinics can impact home dialysis rates