



National
Kidney
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Kate Goodrich, M.D.
Acting Director
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Goodrich,

The National Kidney Foundation appreciates the changes CMS has proposed to the methodology for the Dialysis Five Star program. The proposed methodology facilitates large scale quality improvement among dialysis facilities over the existing methodology, which limits the number of dialysis facilities that can achieve above average ratings. This change aligns with NKF's past recommendations and those of the Consumer Technical Expert Panel (TEP) convened by CMS in April of last year. NKF also appreciates the substantial consideration CMS gave to patient input on the TEP and the additional time and meetings to discuss how the patients' recommendations could be included in the methodology used to assign star ratings.

However, we are concerned with the proposal that broadly allows for rebasing anytime more than 50% of facilities achieve 4 to 5 stars. NKF believes facilities performance on the measures should drive the star ratings and that the methodology should reflect that performance. In the TEP report, the patient workgroup reported being less interested in using the star ratings to identify small, insignificant differences between dialysis facilities and instead preferred to see the star ratings reflect actual performance on quality care. Those recommendations were in line with NKF's August 2014 survey of dialysis patients' views of quality care, where 66% of patients (out of 860 respondents) stated that facilities should be rated on their individual performance rather than compared to other facilities. This was the impetus for patient advocates to call for a change in the methodology away from assigning

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stars based on a bell curve distribution. Rebasing as a result of high performance without a change in the measures could artificially facilitate a drop in facility performance, which may mislead patients into thinking their facility's quality of care dropped when performance on the measure is unchanged. This would not achieve the stated goals of the program.

Rebasing as new measures are added and others are retired is expected. However, rebasing back to a methodology that requires facilities to fit into different percentile buckets would not be an appropriate approach. Keeping the methodology consistent to ensure that measures are driving the assignment of stars is critical to ensuring beneficiaries can rely on the stars to reflect on how facilities are performing on the quality measures.

In addition, NKF encourages CMS to incorporate measures that are more meaningful to patients into the star ratings. The Consumer TEP had many suggestions for new areas of performance measurement. In addition NKF's quality survey found that patients' highest priority for determining value in care was the attentiveness of the facility staff. The Consumer TEP also encouraged the agency to develop an updated, interactive website that would allow patients to pick the quality measures and facility attributions that matter most to them and see star ratings in relation to those selections.

NKF hopes future iterations of the star ratings program will be more responsive to patients' interests. In the interim it is vital that patients be able to rely on the ratings as reflective of performance on the measures and for that reason we encourage CMS to only undergo rebasing when measures are removed, added or changed.

NKF has been engaging kidney patients in education, science, research, and advocacy for over 60 years. We share the agency's goals to empower patients to make informed decisions about their care and we would like the opportunity to work closely with you on further improving and testing the Five Star program with patients to ensure its success as a useful tool in patient informed decision making.

Sincerely,

Kerry Willis

Kerry Willis, PhD
Chief Scientific Officer