Nephrologists treating at least 20 CKD patients on dialysis were asked to provide patient experience of care was included as a QIP reporting metric for 2014.1 Evaluation of the Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis (CAHPS®-ICH) Survey

ABSTRACT

STUDY DESIGN

OBJECTIVE

Background

Methodology

Quality of Care

Global Rating- Kidney Doctors

While this study demonstrates that facilities have CAHPS-ICH scores with large differences between the 25th and 75th percentiles (in effect sizes), the complexity of the scoring algorithms may pose a challenge in interpretation for clinicians.

Statistical Analysis

CAHPS®-ICH scores were stratified by dialysis center characteristics and significant differences were tested for using F-tests.

To ensure comparability, effect sizes were standardized across CAHPS®-ICH global ratings and composite scores using the formula 75th - 25th percentile / SD.

sample

400 patients from 76 centers were eligible and included in this analysis. The sample is similar to the United States Renal Data System (USRDS) 2011 dialysis population in terms of age and gender (Table 1).

Table 1: Characteristics of the study population

PRINCIPAL FINDINGS

Facility ratings for each CAHPS®-ICH score are shown in Figure 1:

CAHPS®-ICH Scoring System

The Nephrologists’ Communication survey has 58 items that include 3 global rating items (Kidney Doctor, Dialysis Center Staff, and Dialysis Center) and 3 multi-item composites (Nephrologists’ Communication and Caring, Quality of Dialysis Center Care and Operations, and Providing Information to Patients). The Nephrologists’ Communication composite comprises 6 items, 5 of which are scored in the range 1 to 4. The sixth item is scored either 0 or 1. Each of the global rating items is administered using a 0-10 response scale and scored as 0-10, 2-7 (8-9), or 3-0 (9-10). A higher score on each of the CAHPS®-ICH measures indicates a more positive experience of care. Note: All scores can exceed the maximum range due to adjustment for general health status, age, and education.


The Center for Medicare and Medicaid Services (CMS) is using the CAHPS®-ICH Survey as a process reporting measure for their End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The results of this study demonstrate that CAHPS®-ICH can detect differences across some patient and dialysis facility variables. Further research is required to assess clinically meaningful differences between dialysis centers.

The differences between the 25th and 75th percentiles, in terms of effect sizes, were large, ranging from 1.31 (Nephrologists’ Communication, Quality of Care and Kidney Doctors’ Global Rating) to 1.73 (Dialysis Global Rating). Center characteristics observed to have significant impact on CAHPS®-ICH composite scores and global ratings were:

- Lower patient to nurse ratio associated with a better patient information score
- Lower patient to physician ratio associated with better dialysis center and staff global ratings
- Shorter waiting room time associated with better nephrologist communication and quality of care score.

IMPLICATIONS FOR HEALTH POLICY

National Kidney Foundation Spring Clinical Meetings; April 22-26 2014; Las Vegas, USA

REFERENCES


2. Centers for Medicare & Medicaid Services. End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The results of this study demonstrate that CAHPS®-ICH can detect differences across some patient and dialysis facility variables.