



Network 14's Roadmap to the Future of ICH-CAHPS and Patient Experience of Care

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The End Stage Renal Disease Network Of Texas

Network 14 promotes and supports ICH-CAHPS participation for Dialysis Facilities

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The Centers for Medicare & Medicaid Services (CMS) developed the End Stage Renal Disease Quality Incentive Program (ESRD QIP) to be the nation's first pay for performance (also known as value based purchasing) quality incentive program. The QIP provides the ESRD community with the opportunity to enhance the overall quality of care that ESRD patients receive by reducing dialysis center payments by up to 2% for suboptimal patient care.

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) patient experience of care survey was introduced as a reporting measure to the ESRD QIP in performance year 2012 (for Payment Year (PY) 2014) and has been continued for performance year 2013 (PY 2015). The intent of including this reporting measure is to assess the degree to which dialysis facilities provide their patients with a voice in the quality of their hemodialysis care. The measure currently requires dialysis facilities to attest in CROWNWeb that they have administered the ICH-CAHPS survey to patients via a third party vendor during the performance period.

Network 14 had a 95.9% Facility Attestation completion rate for 2013. There were 22 facilities that did not complete their attestations. Of the 22 facilities with incomplete attestations, 17 were pending Medicare certification, 2 were certified after June 30, 2012,* and 3 missed the January 30th deadline. Overall, 92.4% of the facilities who completed attestations selected "Yes" and 4.1% selected "No" to successfully administering the ICH-CAHPS survey during 2012.

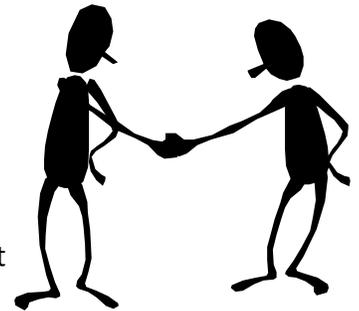
This roadmap has been designed to notify providers of the ESRD QIP requirements for ICH-CAHPS survey completion for 2013. It includes many helpful topics and information on the ICH-CAHPS measure, patient experience of care, and patient engagement. An evaluation form is also included. Please take a few moments to complete the evaluation form and fax it back to **Arlene Ramsaran at (972) 996-0396 by 04/12/2013.** This will register your participation in ICH-CAHPS with the Network.

**If a facility received a CMS Certification Number (CCN) after June 30, 2012, it will only be scored for the ESRD QIP 2014 year if it successfully completed the requirements to obtain the full 10 points.*

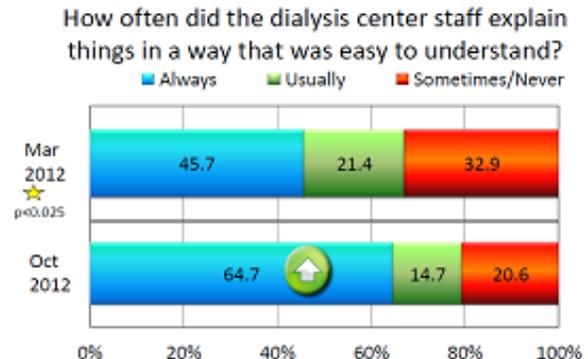
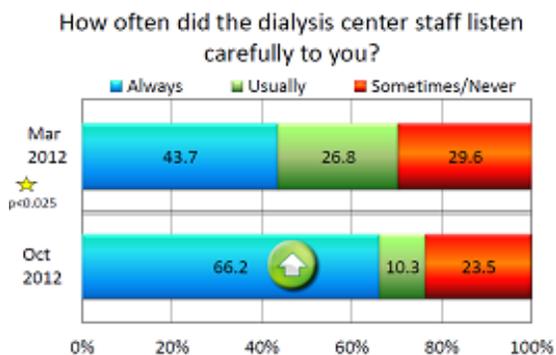
The ESRD Network of Texas, Inc.(#14), is under contract # HHSM-500-2013-NW014C with the Centers for Medicare & Medicaid Services Baltimore, MD.

Partner with the Network to get the most out of ICH-CAHPS

One of the Network's goals is to provide all facilities with a roadmap for using the ICH-CAHPS process as a foundational measurement piece for a patient-centered care environment where patients and providers are engaged and a patient's experiences with care are captured, explored, and used for quality improvement activities. Several years ago, Network 14 was one of four ESRD Networks to work with the Agency for Healthcare Research and Quality (AHRQ) to test the ICH-CAHPS survey tool through a pilot project involving some Texas dialysis facilities. Since then, the Network has continued to collaborate with facilities by administering the ICH-CAHPS tool to patients in English and Spanish, analyzing results, and assisting facilities with results interpretation and action planning for improvement through feedback and coaching sessions. The Network is currently designing and testing "destination spots" for this roadmap, such as the ICH-CAHPS Resource Matrix, and asks for your guidance and feedback as we travel this road together.



All facilities are encouraged to submit their ICH-CAHPS results to Network 14 on a voluntary basis for assistance with interpretation of results, including identification and prioritization for improvement, action plan development, and trend analysis including disparities in care. With your permission and consent, the Network will work with your vendors in order to obtain the data, review and perform analyses, and guide you in the development of action plans to improve results. ICH-CAHPS facility level results are confidential and will not be shared with others unless agreed upon by the dialysis facility leadership. This is a free service offered by the Network to all facilities. If you would like to participate, please contact Arlene Ramsaran at aramsaran@nw14.esrd.net for more information. Examples of improved outcomes on a facility's ICH-CAHPS score through collaboration with the Network are shown below:



* Changes in results were statistically significant

Tips on how to get started with ICH-CAHPS patient experience of care surveys

ICH-CAHPS survey administration via a third party vendor is an ESRD QIP requirement for in-center hemodialysis facilities. The ICH-CAHPS survey is a medium utilized by dialysis facilities to enhance patient partnering and the quality of care they deserve. Beginning in performance year 2013, a facility will be exempt from fulfilling the ICH-CAHPS survey requirement if they have treated ≤ 10 patients



that are qualified to take the survey (whether some patients were visiting the facility or otherwise). If a facility has more than 200 patients, a random sample of 200 patients are surveyed. If there are less than 200 patients, a census of patients is drawn and surveyed. This QIP requirement does not apply to pediatric, peritoneal dialysis, or home hemodialysis patients. The Network has compiled a list of suggestions for eligible in-center hemodialysis facilities for assistance in navigating the road to ICH-CAHPS.

1. The first “destination spot” in getting started on ICH-CAHPS is choosing an ICH-CAHPS third party vendor. Network 14 has developed an ICH-CAHPS Vendors List for informational purposes and made it available to dialysis facilities online, (<http://www.esrdnetwork.org/professionals/QIP.asp>), to assist dialysis facilities with locating an ICH-CAHPS Vendor for administering their surveys. The Network does not recommend any one particular vendor over another and is not verifying information, but does suggest that you choose wisely!
2. It is important to use a vendor whose survey is aligned with the AHRQ/CMS ICH-CAHPS survey questions. The Network encourages hemodialysis facilities to utilize the ICH-CAHPS survey tool using the AHRQ guidelines and specifications, which can be found at <https://www.cahps.ahrq.gov/hemodialysis/>.
3. Use a vendor with experience in administering surveys and collecting and analyzing data. You will need to learn and evaluate the types of services and analysis features that vendors are offering to facilities during ICH-CAHPS survey administration and processing:
 - Find out about their process for administering the survey (telephone or mail with telephone follow up) in order to maximize your response rate
 - Ask if you can see samples of their reporting dashboards and reporting tools
 - Ask about including comparative and benchmarking data in the reports
 - Investigate if they conduct trending analysis to evaluate for disparity of care (i.e. trending responses of different groups of patients to evaluate for disparities in care)
 - Ask about the survey response rate they target and achieve
4. Find out if the vendor provides any improvement resources as part of your contract. Familiarize yourself with any online dashboards for results or reporting tools.
5. Focus on encouraging and increasing patient participation during survey administration. Currently, AHRQ recommends $\geq 40\%$ target ICH-CAHPS survey response rate. In order to promote patient survey responses, a facility should periodically check their survey response rates with their ICH-CAHPS vendor and subsequently implement action plans to promote patient participation. The Facility Patient Representative (FPR) is instrumental in highlighting to other patients how ICH-CAHPS scores is a pay-it-forward method for improving the quality of care they receive.
6. Be an early adopter of ICH-CAHPS. Early adopters of performance improvement initiatives to address issues identified through ICH-CAHPS data analysis will have a head start on improved ICH-CAHPS survey outcomes and overcoming barriers to successful outcomes. They will potentially have made more progress in meeting ESRD QIP requirements for the ICH-CAHPS survey and experience fewer penalties in the future, since it is expected that eventually ICH-CAHPS performance scores will be used to evaluate a facility's performance.

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ESRD QIP Patient Experience of Care (ICH-CAHPS) requirement

ICH-CAHPS was added to the ESRD QIP as a reporting measure starting with the 2012 performance year/2014 payment year cycle and continues to be part of the ESRD QIP for the **current** 2013 performance year/2015 payment year cycle. The intent of including this reporting measure in QIP is to assess the degree to which dialysis facilities are providing their patients with a voice in the quality of their hemodialysis care. The ICH-CAHPS reporting measure is one of four reporting measures that will be weighted equally to comprise 25% of a facility's Total Performance Score (TPS).

Key elements to be aware of for the current 2013 performance year/2015 payment year cycle regarding the ICH-CAHPS reporting measure include the following:

- ***Measure Description***

Facilities must attest in CROWNWeb that they have administered the ICH-CAHPS survey via a third party to adult in-center hemodialysis patients.

- ***Exclusions***

1. Facilities that only treat patients under 18 years of age
2. Facilities that do not treat in-center hemodialysis patients
3. Facilities with a CMS Certification date on or after July 1, 2013

- ***Data Sources***

1. To earn the maximum 10 points on this measure, facilities must attest to successfully administering the survey via CROWNWeb. Please note that the ICH-CAHPS attestation field is not currently active in CROWNWeb for the 2013 performance year/2015 payment, but will be activated closer to 2014 for facilities to complete their attestation. The Network will inform facilities when this occurs.
2. No points will be awarded to eligible facilities that do not make the attestation. Eligible facilities are in-center hemodialysis facilities treating adult patients.

ICH-CAHPS (Patient Experience of Care) survey overview

The ICH-CAHPS survey is a standardized questionnaire produced by the AHRQ, for adult hemodialysis patients who receive care from dialysis facilities. It asks these patients about their experiences with the facility that provides their hemodialysis care. Patient responses to the questions may range from "always," "usually," "sometimes," or "never," or whether an event happened or not ("Yes" or "No"). Information on the quality of care received by patients is collected through core topic questions grouped into composite and global rating sections of the survey instrument as follows:

1. Nephrologists' or kidney doctors' communication and care
2. Quality of dialysis center care and operations. These questions are organized into 3 sections:
 - Dialysis center staff communication and caring
 - Dialysis center staff's professionalism and competence
 - Dialysis center's operations
3. Provision of information to patients. These questions relate to the types of information nephrologists' and/or dialysis center staff share with patients. It examines the patient's knowledge about the

conditions and care, patient rights, and shared decision making between patients and providers.

4. Global ratings. This section contains 3 questions asking the patient to rate the kidney doctors, the dialysis center staff and the dialysis center proper from 0-10, with 0 being the worst and 10 being the best.

The survey also includes questions on demographics, health status, treatment for conditions, and proxy respondent (if the patient received help completing the survey).

The ICH-CAHPS survey is intended to serve as a tool that both facilities and ESRD Networks can use to measure and improve the patient-centeredness of their care. It drives facilities to develop effective action plans, and establish short and long term goals to address Opportunities for Improvement (OFIs) that are identified by their ICH-CAHPS survey scores.



Patient-Centered Care, the Patient Experience, and Patient Engagement—a paradigm shift!

As defined by the Institute of Medicine, *Patient-Centered Care (PCC)* is health-care that establishes a partnership among practitioners, patients, and their families, to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make

decisions and participate in their own care.

There are several important variables that must be met to ensure that PCC is established. There has to be a system built and centered on education and shared knowledge, and the involvement of family and friends in the education and decision making process is paramount to PCC. Facilities need to remember that collaboration and team management should include the patient and other significant caregivers.

Respecting one's culture is very important, and the understanding that culture has an impact on decision making is essential. Also, remembering that the needs and preferences of patients and family caregivers may be different from the medical recommendations and that acceptance in the integration process and respecting those needs is significant. Finally, maintaining communication and having an open, free-flow style of sharing and receiving information helps to insure that PCC is taking place.

The Patient Experience, as defined by the Beryl Institute, is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. True depictions of Patient Experience in care incorporates key elements such as:

- **Interactions:** The orchestrated touch-points of people, processes, policies, communications, actions, and environment
- **Culture:** The vision, values, people (at all levels and in all parts of the organization) and community
- **Perceptions:** What is recognized, understood, and remembered by patients and support people. Perceptions vary based on individual experience, such as beliefs, values, and cultural background
- **Continuum of Care:** before, during, and after delivery of care

Wendy Leebov with *The Quality Patient Experience Organization*, home of the Leebov Golde Group, shares several characteristics of a caring environment that clearly impact the patient experience:

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- **A focus on communication is pivotal**



- Caring is a given, but communicating caring is not
- These days, dedicated employees and physicians are primarily task-oriented, dealing with heavy workloads and multiple responsibilities
- In the fray, communication of caring may fall to the wayside
- We need to help everyone on our teams to effectively communicate their caring for the sakes of patients and families and for their own sakes.

- **Patient-centered care is largely a matter of design**

- Awareness-raising is not enough.
- Movement toward providing a GREAT caring environment for every patient/family requires:
 - thoughtful design
 - a degree of standardization in communication

- **GREAT service has more to do with how well we reduce people's anxiety than it has to do with making people "happy"**

- Unlike hotels and Disney, patients are not glad to give us their business.
- They tend to be troubled, anxious and scared.
- People's satisfaction is more a function of "the extent to which staff made an effort to ease my anxiety" than anything else.
- Anxiety prevention and reduction are pivotal in improving the patient experience.

- **Strategies that enhance the patient experience also enhance the employee experience**

- When the wonderful people in health care have the conditions, skills, and support to make a difference to their patients and families, they feel less stressed, more gratified and connected to their helping mission.
- Patient and staff satisfaction go hand-in-hand.

Patients don't always verbalize their experiences of care along with their level of satisfaction. While both are similar they are different. Both can include ratings of health plans or providers. The ICH-CAHPS survey is an instrument that can be used to identify the patients' actual experiences in care with health care services. Furthermore, these reports about care are regarded as more specific, actionable, understandable, and objective than general ratings alone.

Patient satisfaction refers to the extent to which a patient is satisfied with the healthcare received. Because it is assessed by self reports from the patient, it is often considered a patient reported outcome measure as opposed to the perception of the experience of care received. Finally, it provides a bottom line perception of a patient, **but it provides no specific information about the basis of the perception.**

A patient experience, on the other hand, elicits evaluation of care rather than satisfaction. For example, it addresses questions such as:

- *"how often positive or negative aspects of care occurred"*
 - how often did the doctor spend enough time with you?
 - how often were you treated with courtesy and respect?
- *"whether and how often patients have specific" experiences*
 - requires more items
 - reports are less subjective
 - are easier to interpret and more useful to providers

It is important to remember that as you make the transition to Patient-Centered Care by incorporating and evaluating the quality of the patient's experience, the key ingredient is engaging the patient. You know that a patient is truly engaged **when** patients are taking actions that show they are obtaining the greatest benefit from the health care services available to them. Also, the focus is on behaviors of individuals relative to their health care that are critical and proximal to health outcomes, rather than the actions of professionals or policies. *Finally*, PCC occurs when the patient's care is patient-driven and patient-activated!

As healthcare providers, we must remember that engagement is not synonymous with compliance! Remember:

- **Engagement** is when an individual is involved in a process through which he/she harmonizes robust information and professional advice with his/her own needs, preferences, and abilities to prevent, manage, and cure disease
- **Compliance** is when an individual obeys a directive from a health care provider

There are several avenues that can be taken to ensure that patient engagement occurs:

- Enable patients or caretakers to set the agenda (i.e. a user-led model)
- Enable patients or caretakers to participate in research (i.e. an action research approach)
- Enhance patient voices by:
 - including higher proportions of patients vs. providers
 - engaging providers from a distance
- Use of democratic deliberation to build consensus
- Use of external facilitation
- Conduct education/training sessions prior to engagement activities to clarify roles and objectives
- Conduct engagements before decision has been made

In summary, Patient Engagement + Patient Experience of Care leads to Patient-Centered Care!

Introduction to the Network's ICH-CAHPS toolkit

The Network is currently developing an ICH-CAHPS toolkit as part of its resource webpage that will be devoted to patient experience of care and the spread and adoption of best practices for ICH-CAHPS. The toolkit is geared to help facilities get started and to provide performance improvement resources for OFIs identified by ICH-CAHPS survey outcomes. It is scheduled for rollout in three phases (I, II, and III). The first component of the toolkit is the ICH-CAHPS Resource Matrix that was developed to assist dialysis facilities in the development of interventions and action plans to improve the patient experience of care and to build a patient-centered culture. This tool is specifically intended to increase patient engagement and improve on the patient-perceived experiences, measured by ICH-CAHPS surveys. The links to the AHRQ, as well as other online resources in the Matrix, are mapped to each ICH-CAHPS question on the survey. By clicking on each hyperlink matching the ICH-CAHPS question, you can access the online resource.



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The ICH-CAHPS Resource Matrix is currently being pilot tested and evaluated by dialysis facilities, and feedback has been positive. If you would like to participate in pilot testing the ICH-CAHPS Matrix, please contact Arlene Ramsaran at aramsaran@nw14.esrd.net for more information.

A second component of the toolkit is a resource describing the purpose of the ICH-CAHPS survey, including ESRD QIP usage measurement requirements and their implications. The Payment Year (PY) 2015 rule broadens the scope of the ESRD Quality Incentive Program (QIP) to include four reporting measures (see page 4). Facilities will be required to attest in CROWNWeb by the end of January 2014 that they have administered the ICH-CAHPS survey via a third party vendor to adult in-center hemodialysis patients during the performance period (2013). This must be done in accordance with the current specifications for the survey (see page 3, <https://www.cahps.ahrq.gov/hemodialysis/>) in order to earn the maximum 10 points. Each of the four reporting measures for which a facility receives a score will be equally weighted to comprise 25% of the Total performance Score (TPS).

Finalized Payment reduction scale for PY 2015

Total performance Score	Reduction %
100-60	0
59-50	0.5
49-40	1.0
39-30	1.5
29-0	2.0

A facility can receive a TPS of up to 100 points. A facility's TPS determines whether a payment reduction will be applied, and for PY 2015, the minimum TPS is 60 points. To avoid payment reductions facilities must score at or above the minimum TPS. For every 10 points a facility falls below the minimum TPS, it will receive a payment reduction of 0.5% for its ESRD payments with a maximum payment reduction of 2%. **Facilities receiving their CCN after June 30th 2013 are excluded from all reporting measures and will not receive a TPS.**

Other components of the ICH-CAHPS toolkit that are under development for future rollout include:

- How to analyze your ICH-CAHPS data
- Disparity assessment, as facility data becomes available
- Phases II and III of the toolkit will include more information on the relationship between patient-centered care, the patient experience of care, and patient engagement ; training on various domains that the ICH-CAHPS survey addresses, such as staff competence and professionalism, coordination of care, patient involvement in decision making, and nephrologists' communication and care ; lessons learned and success stories from facilities who have redesigned and improved hemodialysis care and treatment based on ICH-CAHPS results
- The ICH-CAHPS webpage is under development by the Network and the current URL is: <http://www.esrdnetwork.org/professionals/QIP.asp>. The site currently includes basic resources, such as a link to the Final Rule for the ESRD QIP CY 2013/PY2015 from the Federal Register, QIP educational presentations and articles, and an ICH-CAHPS section that contains the ICH-CAHPS Vendors List and other informational links. This webpage will be expanded in the near future as new tools and resources are developed by the Network, so please visit this site regularly in 2013 for more ICH-CAHPS roadmap resources and destination updates!