

## **CMS Response to Public Comments Received for CMS-10105**

The Centers for Medicare & Medicaid Services (CMS) received one comment from a beneficiary and comments from an organization related to CMS-10105.

### **Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from a beneficiary:

*I feel as though, in my experience in dialysis for over 5 years, that most of our patients do not have the desire or energy to complete a survey such as this. It places a burden on them, as well as staff, to administer a 62-page survey. As I am sure you're well aware, these are chronically ill, usually elderly patients. Often, there is no interest in completing the survey.*

### **Response:**

**CMS appreciates the response and understands the concern expressed by this beneficiary regarding the potential burden on dialysis patients. The In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey is the only quality measure collected by CMS that directly reflects the patients' experience of care. CMS values the opinions of beneficiaries in quality improvement efforts; however, the survey is voluntary and does not impact coverage of care.**

**Regarding the length of the survey, we believe that the beneficiary meant 62-item and not 62-pages.**

### **Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*The survey is long and burdensome for patients to complete. This leads to low response rates, which results in random outcomes lacking sufficient statistical power. These concerns have also been echoed by KCP [Kidney Care Partners] and members of the CMS Patient-Report Outcomes Technical Expert Panel (TEP).*

### **Response:**

**CMS understands the concern regarding burden on dialysis patients. We are currently reviewing the ICH CAHPS survey and its methodology to determine ways**

**to reduce burden, such as shortening the length of the survey, while maintaining survey validity and reliability.**

**Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*ICH CAHPS is limited to adult patients treated with in-center hemodialysis. Given that approximately 11 percent of dialysis patients have selected home dialysis, a significant group of patients have been excluded. This segment will continue to grow and will continue to cut into the number of responses on the ICH CAHPS survey.*

**Response:**

**CMS is currently exploring the logistics of administering a home dialysis patient experience survey.**

**Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*It is critically important to have a mechanism, which does not appear to exist currently, for facilities to ensure that patients' contact information is as accurate and up-to-date as possible. Because response rates necessarily depend on accurate contact information, we recommend inclusion of an opportunity for facilities to ensure that the primary survey and/or any follow-up is delivered to the most current contact (phone or mail) given the consequence to validity that results from non-responsiveness.*

**Response:**

**CMS obtains patient contact information every six months from the Consolidated Renal Operations in a Web-Enabled Network (CROWNWeb), which is a system that all facilities use to comply with to meet Section 494.180(h) of the 2008 updated Conditions for Coverage for End-Stage Renal Disease (ESRD) Dialysis Facilities. ICH CAHPS Survey samples are created from CROWNWeb files and distributed by CMS and its contractor to reduce burden on the facilities. Dialysis facilities though are responsible for updating patient contact information in CROWNWeb to help ensure that the survey population samples passed to vendors have the most current information possible.**

**Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*[...] CMS should review the lingual translations of the surveys to ensure that they are accurate. Several translation errors have been reported to us, and the Agency has a responsibility to ensure that the information gleaned from all foreign-language speakers is accurate and meaningful.*

**Response:**

**Translations for the ICH CAHPS Survey are reviewed by multiple linguists. Often, medical terminology is not translated similarly to colloquialism. Any potential lingual translation discrepancies can also be sent to the ICH CAHPS helpdesk ([ichcahps@rti.org](mailto:ichcahps@rti.org)) for review.**

**Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*[...] Allowing patients to respond to ICH CAHPS on mobile devices is critically important. Sixty percent of ESRD patients are under the age of 65. This means that, contrary to some assumptions, they are not too old to understand electronic devices. In fact, CMS seems to have recognized that even those 65 years and older are electronically savvy by creating online tools, such as the Medicare consumer guides, blogs from the Administrator, and even email tips for seniors. According to the Pew Research Center, 91 percent of Americans 65 years and older own a cellphone and approximately 60 percent of those cellphones are smart phones. Even Americans struggling with poverty are likely to own a smart phone as well; Pew found that approximately 95 percent of Americans making \$49,999 or less a year own a cell phone and, of those, more than 75 percent are smartphones. A web-based survey would also allow for patients to easily select their preferred language (which is not possible via mail). If CMS makes it easier for patients to respond to ICH CAHPS through a modern survey delivery mode, the likelihood of an improved response rate may increase substantially.*

**Response:**

**CMS is currently exploring the option of administering CAHPS surveys electronically.**

**Comment:**

The Centers for Medicare & Medicaid Services (CMS) received the following comment from an organization:

*We ask CMS to reduce restrictions around black-out dates and real-time feedback. This would give providers the opportunity to employ industry best practices to more rapidly respond to patient feedback and improve patients' experience.*

**Response:**

**The administration procedures for the ICH CAHPS survey were developed to ensure vendors conduct the survey in a similar manner to reduce bias. The procedures include using a three month sampling window to help assign patients to a facility and data cleaning and processing that restrict the ability to conduct real-time feedback.**

**There is no official blackout period. However, facilities cannot ask patients any additional survey questions that are the same as, or similar to, those included in the ICH CAHPS Survey questionnaire 4 weeks prior to and during the data collection period for each semiannual survey. This is to limit survey fatigue, maximize response rates, and reduce bias during ICH CAHPS data collection periods.**